

## **Upper Body Orthosis** Custom Measurement Form

			Date	
Name (Patient)			Age _	
Contact Name				
Contact Phone	Conta	ct Email		
Measurement Key  Length =  Circumference =  Head	Instructions: Measure child degrees flexion. Measure underwear. Measure on to	A laying down. Me in centimeters. No op of the torso, no Chest (a	easure elbow circumfer Measure both arms. Me	rence at 15 asure over diaper or <b>E REQUIRED</b>
Shoulder Tip to Shoulder Tip cm Line C - D	Shoulder to Chest (nipple line) cm  Line E - F  Shoulder to Waist cm  Line E - G	Shoulder to Trochanter cm  Line E - H	to Elbow Bend	bow Bend to Wrist cm ine J - K
Product Measurements	Sleeve Inseam Length		Neck Closure	Quantity
Armpit to Shirt End Line F - H	cm	Long Sleeve Short Sleeve	Zipper Velcro	
Additional Information			None	
			Abdominal Reinforcemen	<b>nt</b> Yes No