



# SPIO®

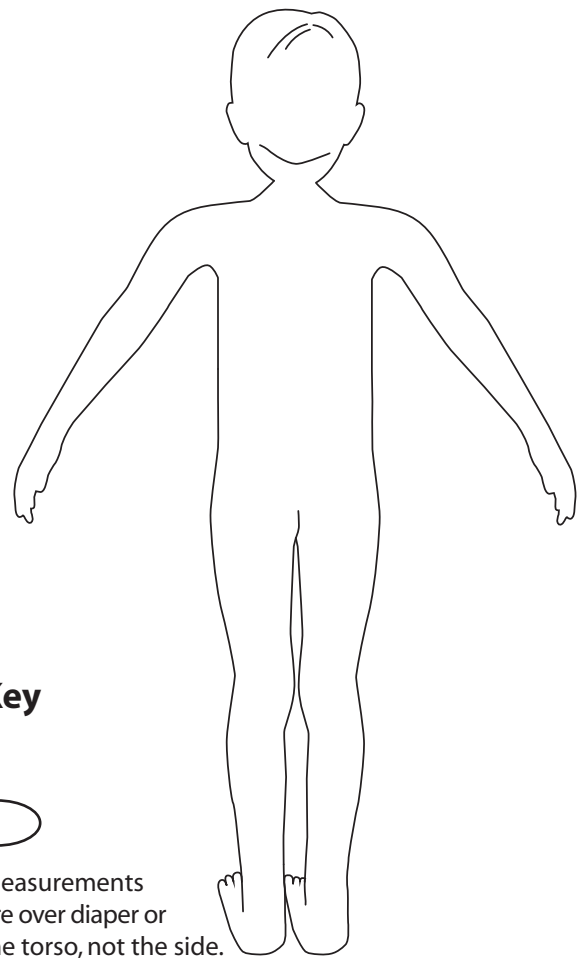
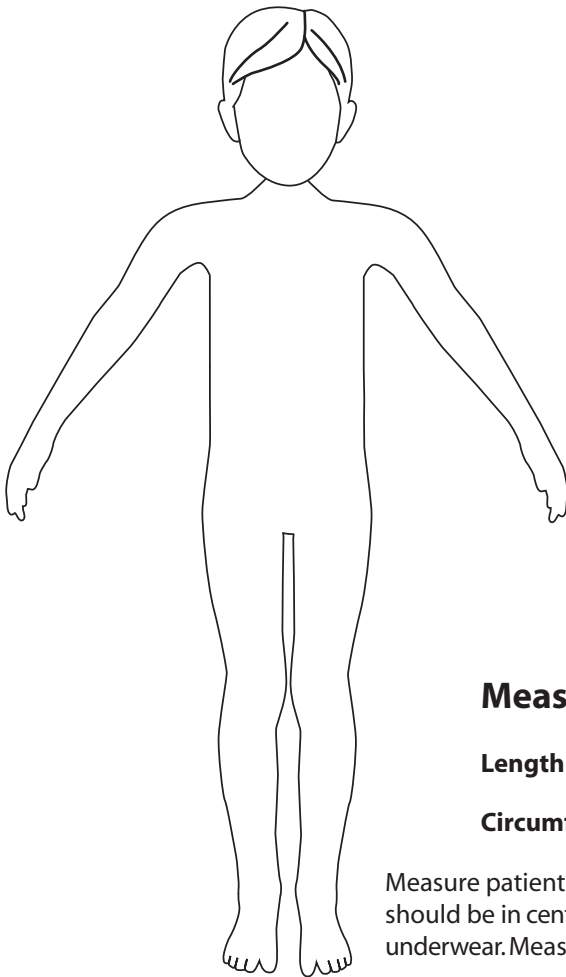
## Alterations Form

Date \_\_\_\_\_

Name (Patient) \_\_\_\_\_ Age \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_



### Measurement Key

Length =

Circumference =

Measure patient laying down. Measurements should be in centimeters. Measure over diaper or underwear. Measure on top of the torso, not the side.

### Options

<b>Color</b>	BLACK	ROYAL BLUE	WHITE
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Please document what changes need to be altered. Include measurements and descriptions.

### Quantity

Please include a copy of the order form along with your custom measurement form.