



# SPIO<sup>®</sup>

## Arm Orthosis Custom Measurement Form

Date \_\_\_\_\_

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

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

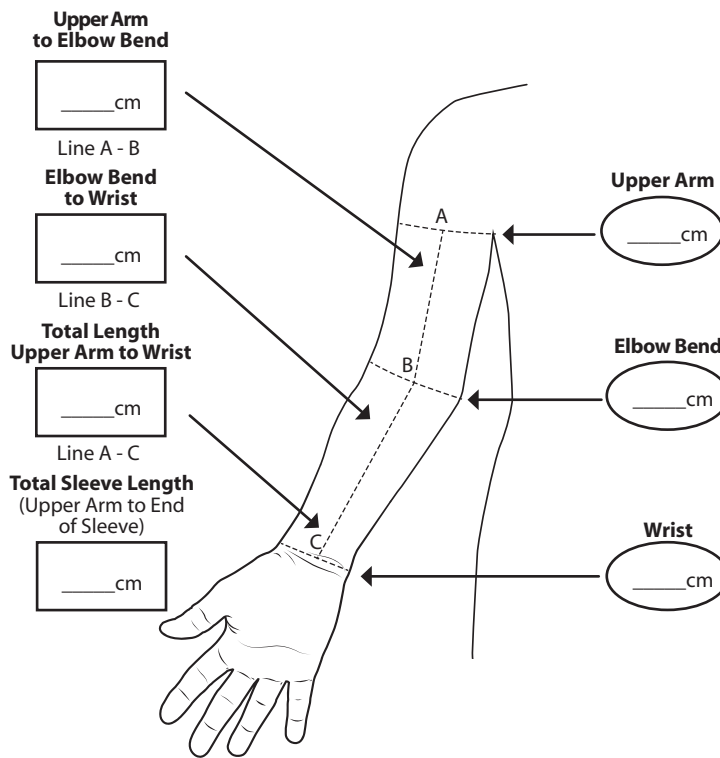
Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

### Measurement Key

Length =

Circumference =

Measurements should be in centimeters. All boxes must be filled in. **Measure elbow at 15 degrees flexion.**



### Options

### Additional Comments

Color  BLACK  ROYAL BLUE  WHITE

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