



# SPIO<sup>®</sup>

## Arm Orthosis Custom Measurement Form

Date \_\_\_\_\_

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

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

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

**ALL MEASUREMENT FIELDS ARE REQUIRED**

### Measurement Key

Length =

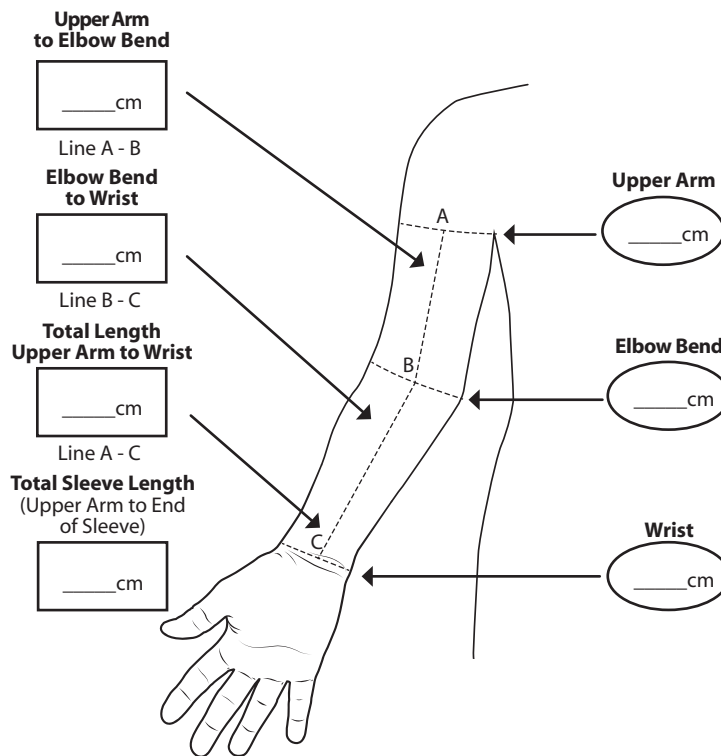
Circumference =

### Instructions

-Measurements should be in centimeters.

-All boxes must be filled in.

-Measure elbow at 15 degrees flexion.



Quantity

Options

Additional Comments

<b>Layers</b>	SINGLE	DOUBLE	
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Please include a copy of the order form along with your custom measurement form.