



SPIO[®]

Arm Orthosis Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

Contact Phone _____ Contact Email _____

ALL MEASUREMENT FIELDS ARE REQUIRED

Measurement Key

Length =

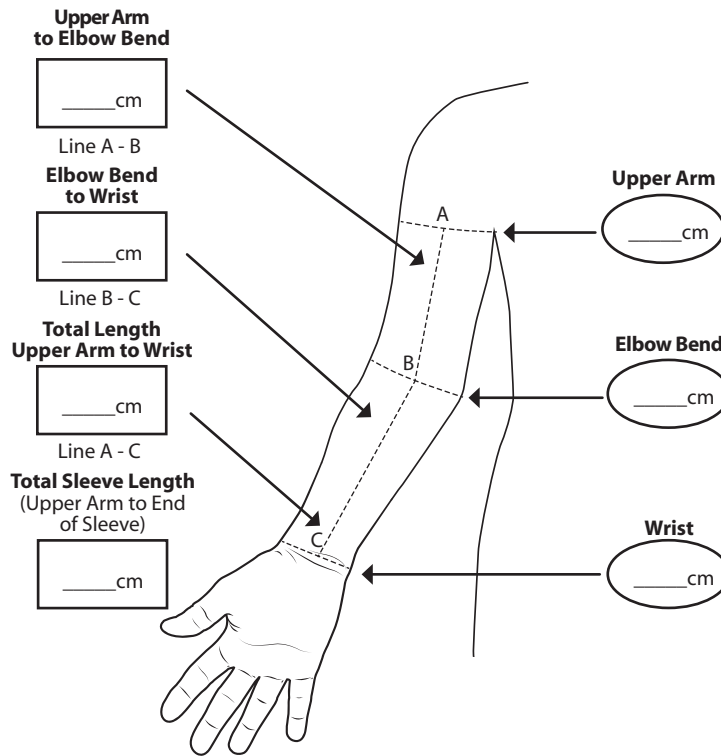
Circumference =

Instructions

-Measurements should be in centimeters.

-All boxes must be filled in.

-Measure elbow at 15 degrees flexion.



Quantity

Options

Additional Comments

Color	BLACK	ROYAL BLUE	WHITE	
Layers	SINGLE	DOUBLE		

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