



# SPIO®

## Arm & Leg Wrap Custom Measurement Form

Date \_\_\_\_\_

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

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

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

### Measurement Key

Length =

Circumference =

Please select:

Arm Wrap

**1** Upper Arm

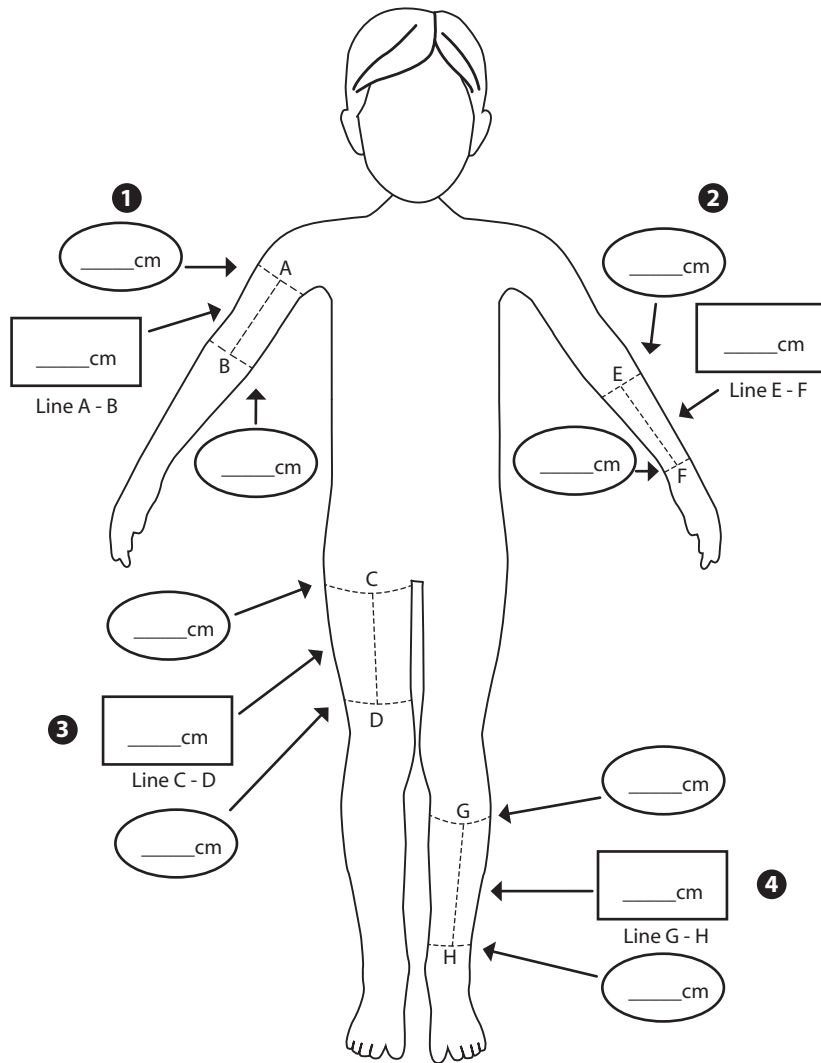
**2** Lower Arm

Leg Wrap

**3** Upper Leg

**4** Lower Leg

Measure patient laying down. Measurements should be in centimeters.



### Options

**Color**  BLACK  ROYAL BLUE  WHITE

**Layers**  SINGLE  DOUBLE  TRIPLE  4 LAYERS

### Additional Comments

<p><b>Color</b> <input type="checkbox"/> BLACK <input type="checkbox"/> ROYAL BLUE <input type="checkbox"/> WHITE</p> <p><b>Layers</b> <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLE <input type="checkbox"/> 4 LAYERS</p>	
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Please include a copy of the order form along with your custom measurement form.