



SPIO®

Lumbar-Sacral Orthosis Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

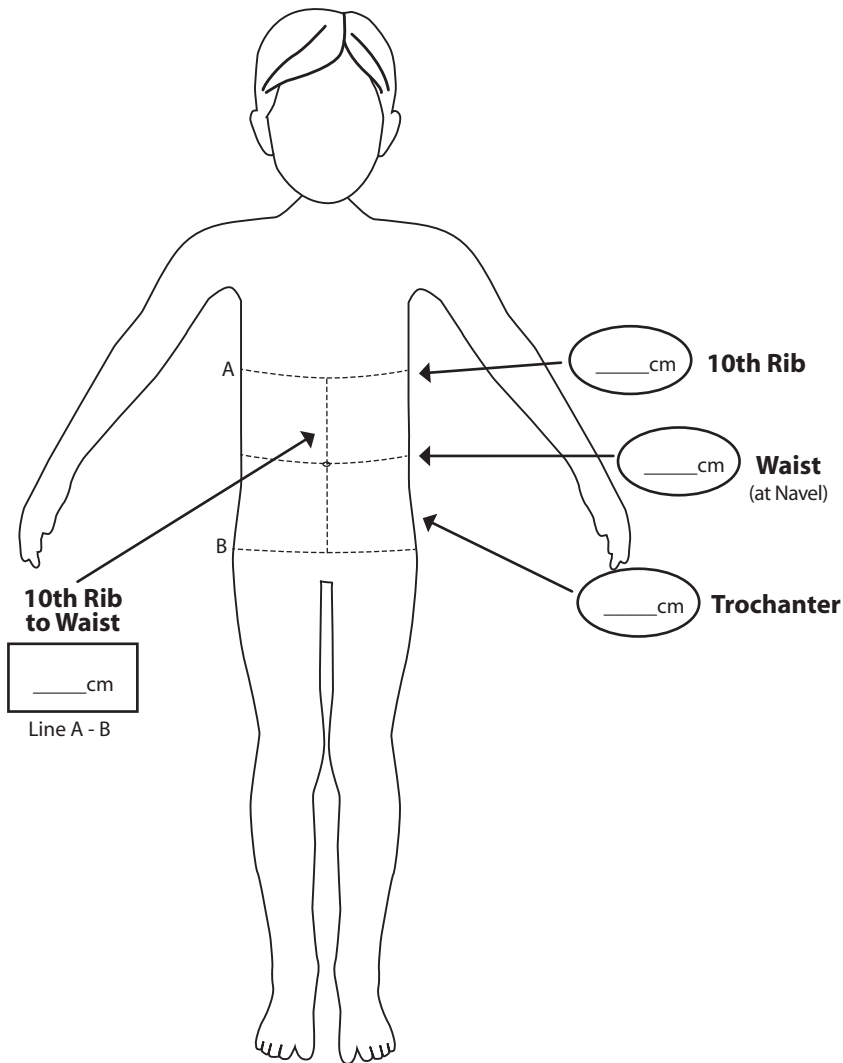
Contact Phone _____ Contact Email _____

Measurement Key

Length =

Circumference =

Measure patient laying down.
Measurements should be in centimeters. Measure over diaper or underwear. All boxes must be filled in.



Options

Additional Comments

Color BLACK ROYAL BLUE WHITE

Layers DOUBLE TRIPLE

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