



# SPIO®

## Leg Orthosis Custom Measurement Form

Date \_\_\_\_\_

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

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

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

**ALL MEASUREMENT FIELDS ARE REQUIRED**

### Measurement Key

Length =

Circumference =

### Instructions

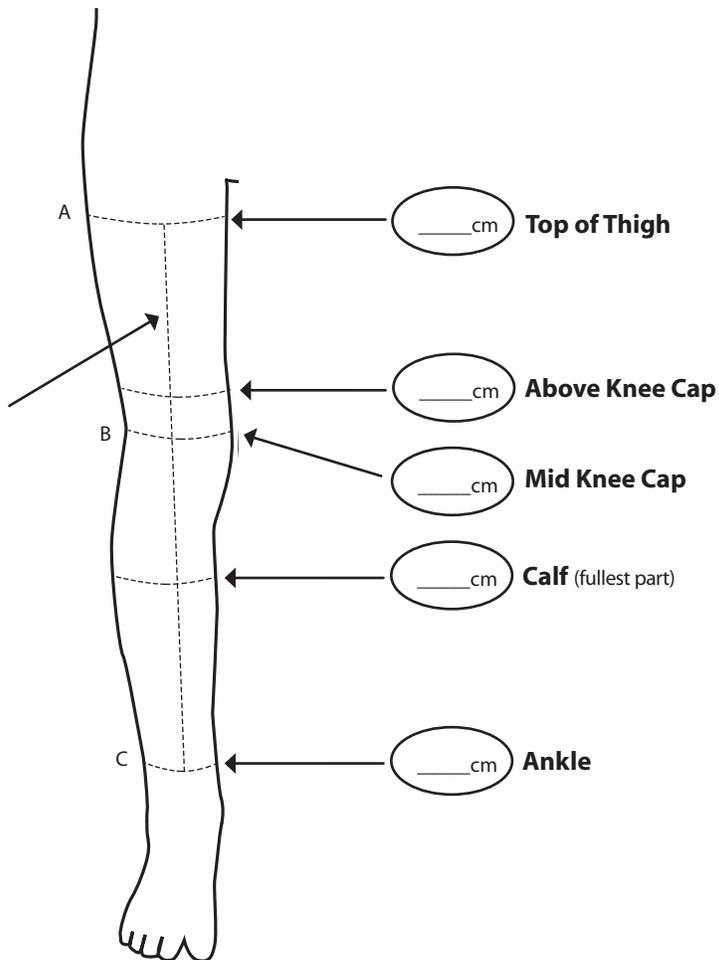
- Measurements should be in centimeters.
- All boxes must be filled in.
- Measure knee at 15 degrees flexion.

Top of Thigh to Mid Knee

Line A - B

Mid Knee to Ankle

Line B - C



Quantity

Options

Additional Comments

|               |        |        |  |
|---------------|--------|--------|--|
| <b>Layers</b> | SINGLE | DOUBLE |  |
|---------------|--------|--------|--|

Please include a copy of the SPIO Order Form along with your custom measurement form.