



SPIO®

Leg Orthosis Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

Contact Phone _____ Contact Email _____

Measurement Key

Length =

Circumference =

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

Top of Thigh to Mid Knee

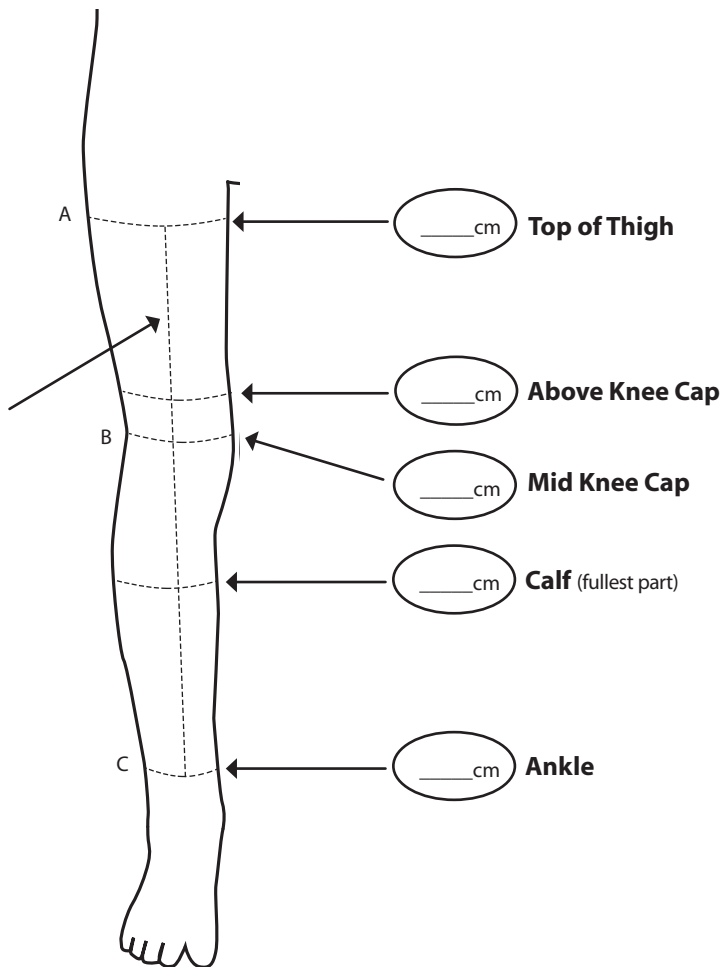
 cm

Line A - B

Mid Knee to Ankle

 cm

Line B - C



Options

Color BLACK ROYAL BLUE WHITE

Layers DOUBLE TRIPLE

Additional Comments

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