



Date \_\_\_\_\_

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

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

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

**ALL MEASUREMENT FIELDS ARE REQUIRED**

### Measurement Key

Length = Circumference = 

### Instructions

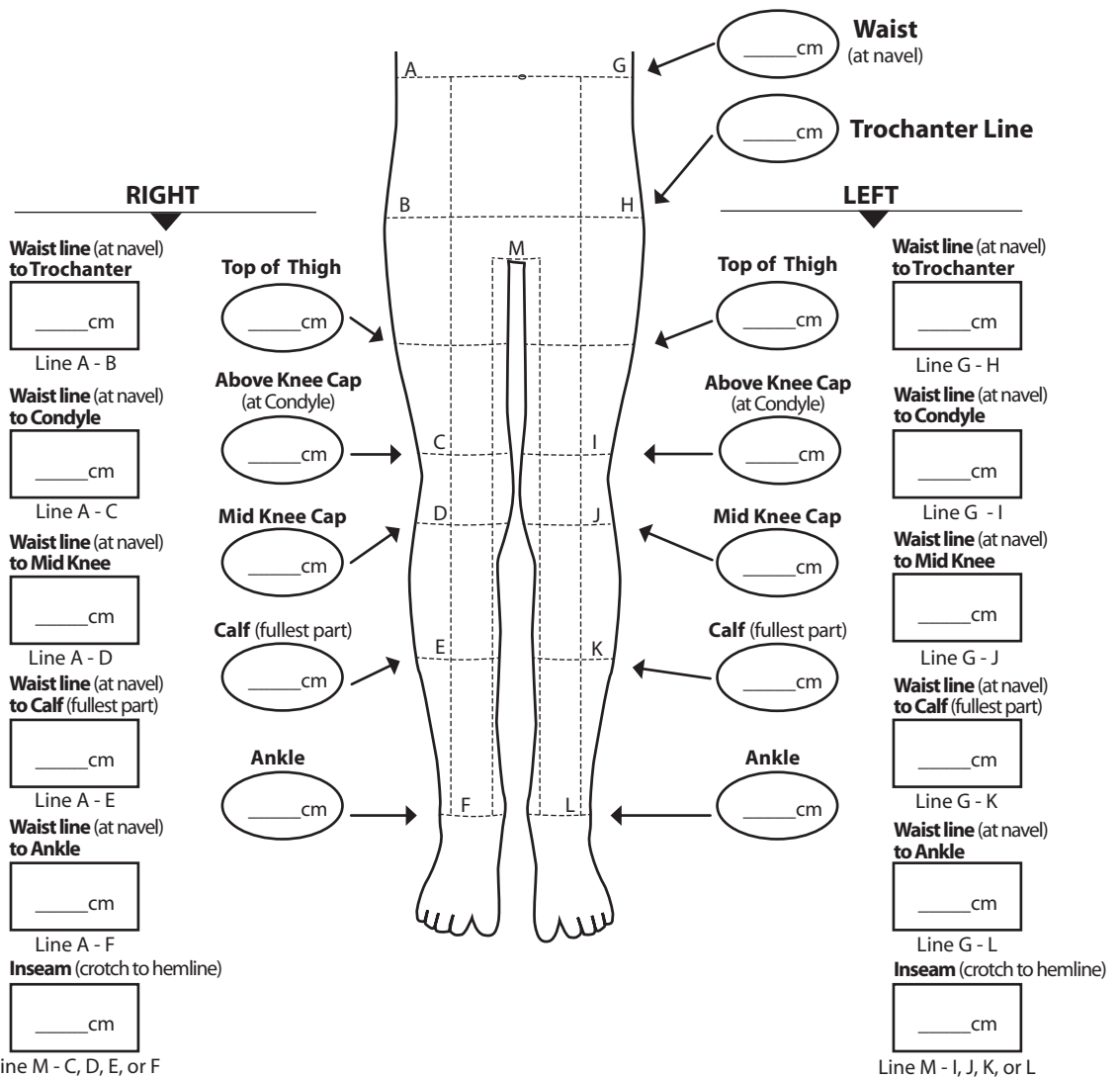
- Measure patient standing up.
- Measurements should be in centimeters.
- Measure knee circumference at 15 degrees flexion.**
- Measure both legs.
- Measure over diaper or underwear.
- All measurements must be provided.
- Measure on top of torso, not the side.

### Diaper

YES NO

If yes, measure back waist to gluteal fold \_\_\_\_\_ cm

### Quantity



### Options

### Additional Comments

<b>Color</b>	BLACK	ROYAL BLUE	WHITE	
<b>Hem</b>	CONDYLE	MID KNEE	CALF	ANKLE

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