



SPIO®

Lumbar-Sacral Orthosis Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

Contact Phone _____ Contact Email _____

ALL MEASUREMENT FIELDS ARE REQUIRED

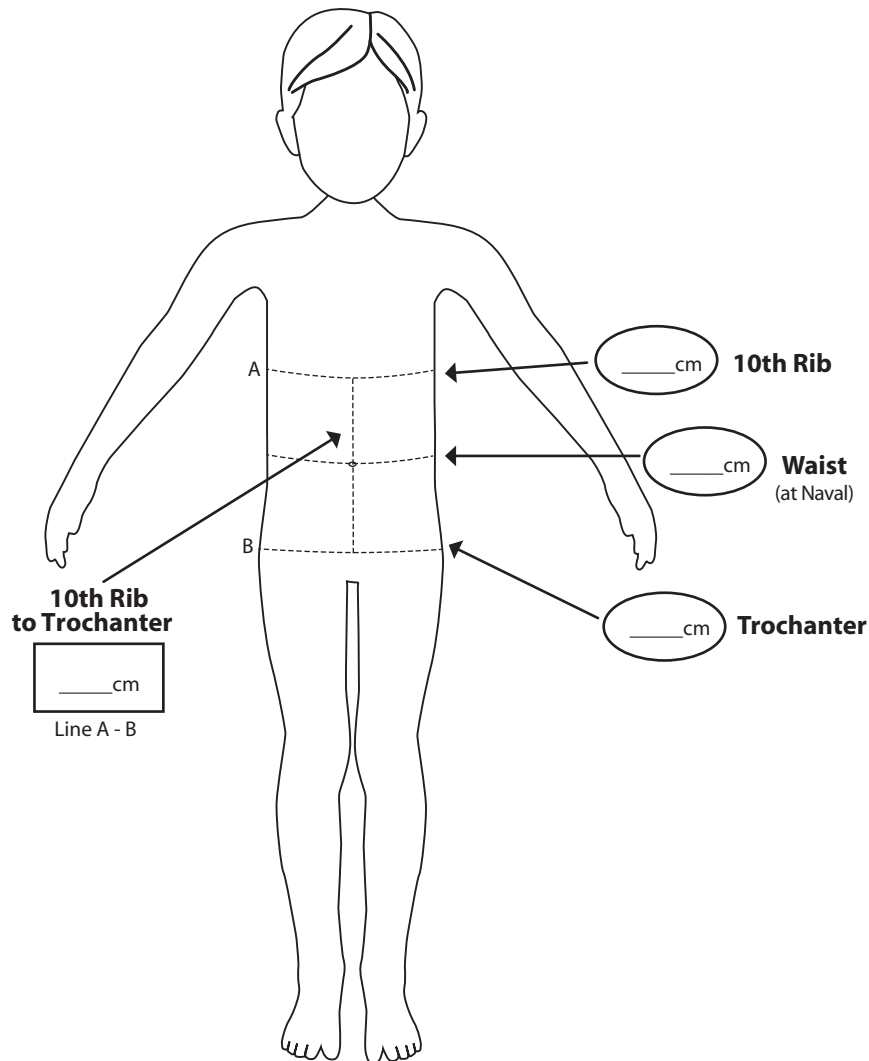
Measurement Key

Length =

Circumference =

Instructions

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



Options

Additional Comments

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