



# SPIO®

**TLSO**  
Custom Measurement Form

Date \_\_\_\_\_

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

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

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

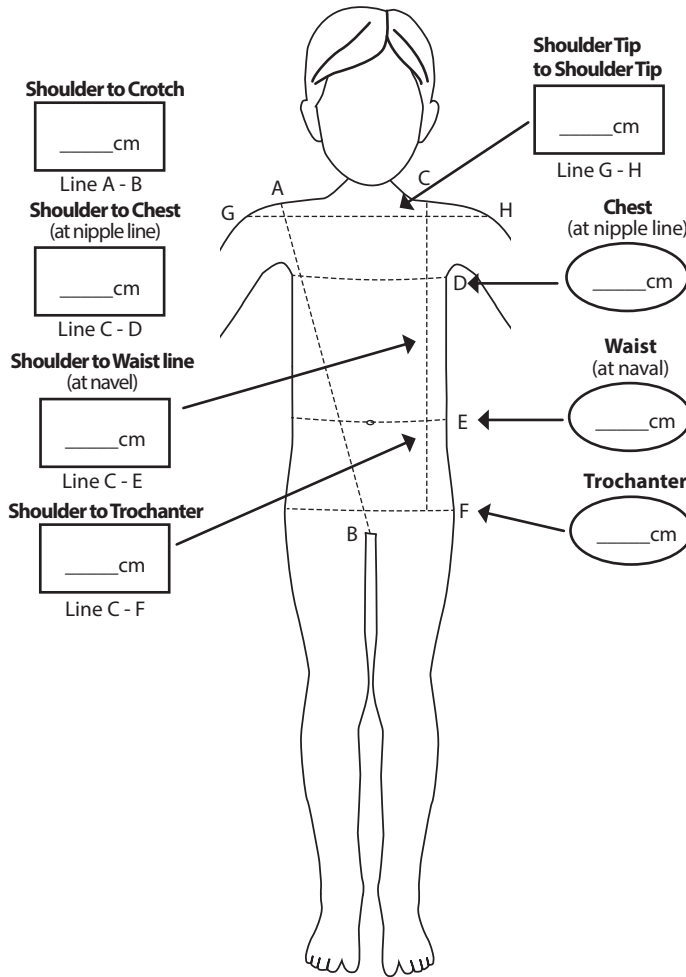
**ALL MEASUREMENT FIELDS ARE REQUIRED**

**Measurement Key**

Length =   
Circumference =

**Instructions**

- Measure child laying down.
- Measure in centimeters.
- Measure over diaper or underwear.
- Measure on top of the torso, not the side.
- All boxes must be filled in.



Quantity

**Options**

**Additional Comments**

<b>Abdominal Reinforcement</b>	YES	NO		
<b>Crotch Strap</b>	ATTACHED	REMOVEABLE		NONE
<b>Rigid Stays</b>	YES	NO		

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