



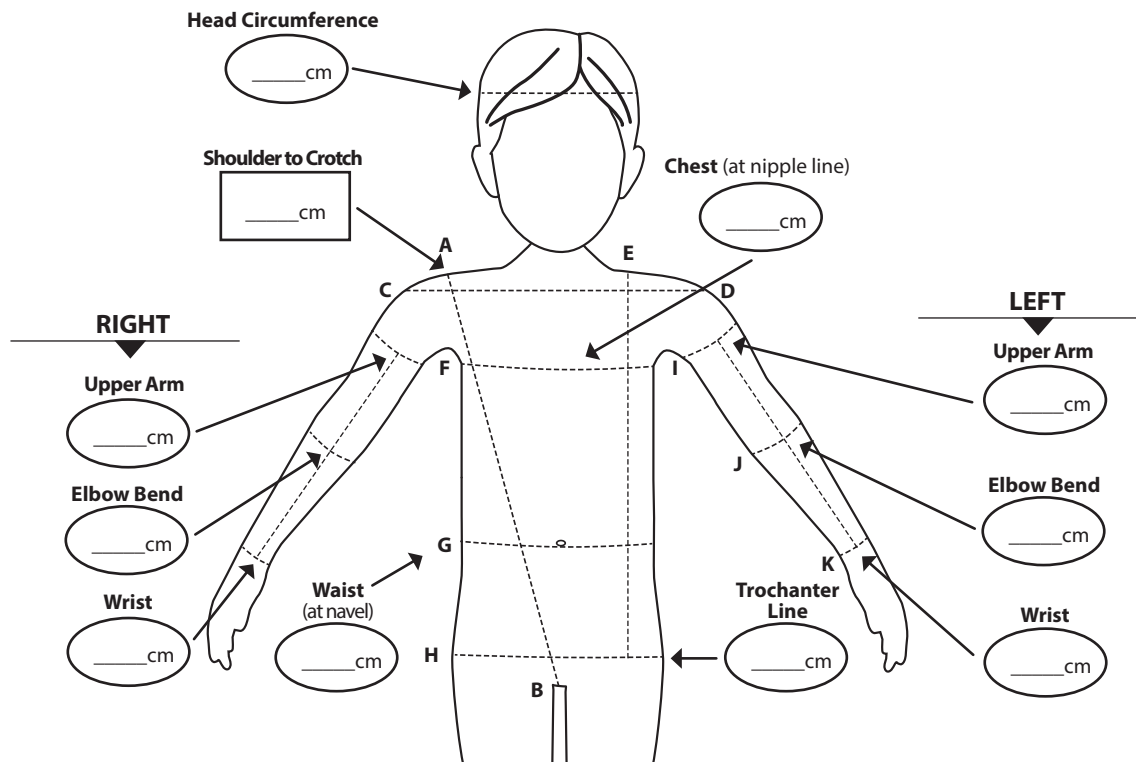
Date \_\_\_\_\_

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

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

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

### Measurement Key

Length = Circumference = Measure patient laying down. **Measure elbow circumference at 15 degrees flexion.** Measurements should be in centimeters. Measure on top of the torso, not the side.**To avoid any delays, all fields must be filled in.**

**Shoulder Tip to Shoulder Tip**  
 cm  
Line C - D

**Shoulder to Chest (nipple line)**  
 cm  
Line E - F

**Shoulder to Waist**  
 cm  
Line E - G

**Shoulder to Trochanter**  
 cm  
Line E - H

**Upper Arm to Elbow Bend**  
 cm  
Line I - J

**Elbow Bend to Wrist**  
 cm  
Line J - K

<p><b>Product Measurements</b></p> <p><input type="text"/> cm <b>Underarm to Shirt End</b> Line F - H</p> <p><input type="text"/> cm <b>Sleeve Inseam Length</b> <input type="checkbox"/> Long Sleeve <input type="checkbox"/> Short Sleeve</p>	<p><b>Options</b></p> <p><b>Neck Closure</b></p> <p><input type="checkbox"/> Zipper <input type="checkbox"/> Velcro <input type="checkbox"/> None</p> <hr/> <p><b>Color</b> <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> White</p> <hr/> <p><b>Abdominal Reinforcement</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Additional Information</b></p> <hr/>	

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