



# SPIO®

## Arm Orthosis Custom Measurement Form

Date \_\_\_\_\_

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

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

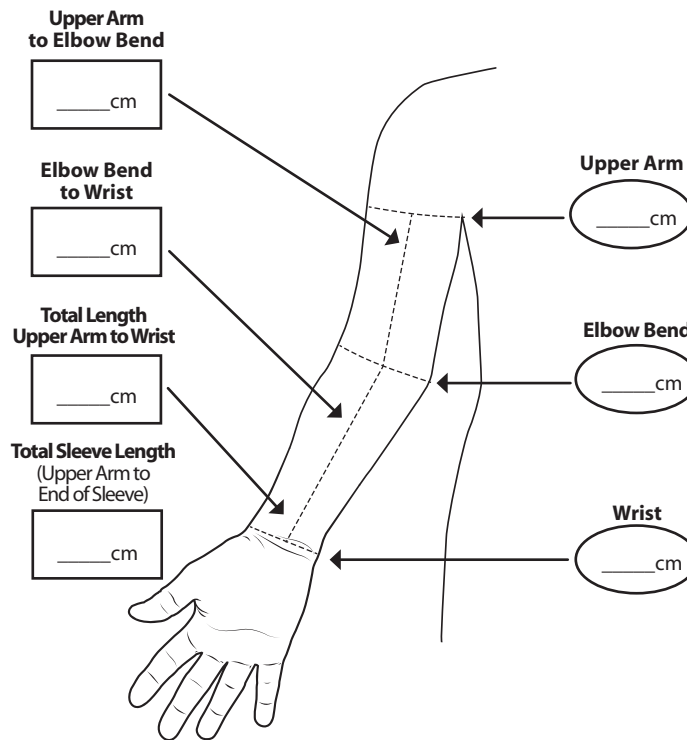
Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

### Measurement Key

Length =

Circumference =

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



### Options

Color  BLACK  ROYAL BLUE  WHITE

### Additional Comments

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