



SPIO®

Arm & Leg Wrap Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

Contact Phone _____ Contact Email _____

Measurement Key

Length =

Circumference =

Please select:

Arm Wrap

① Upper Arm

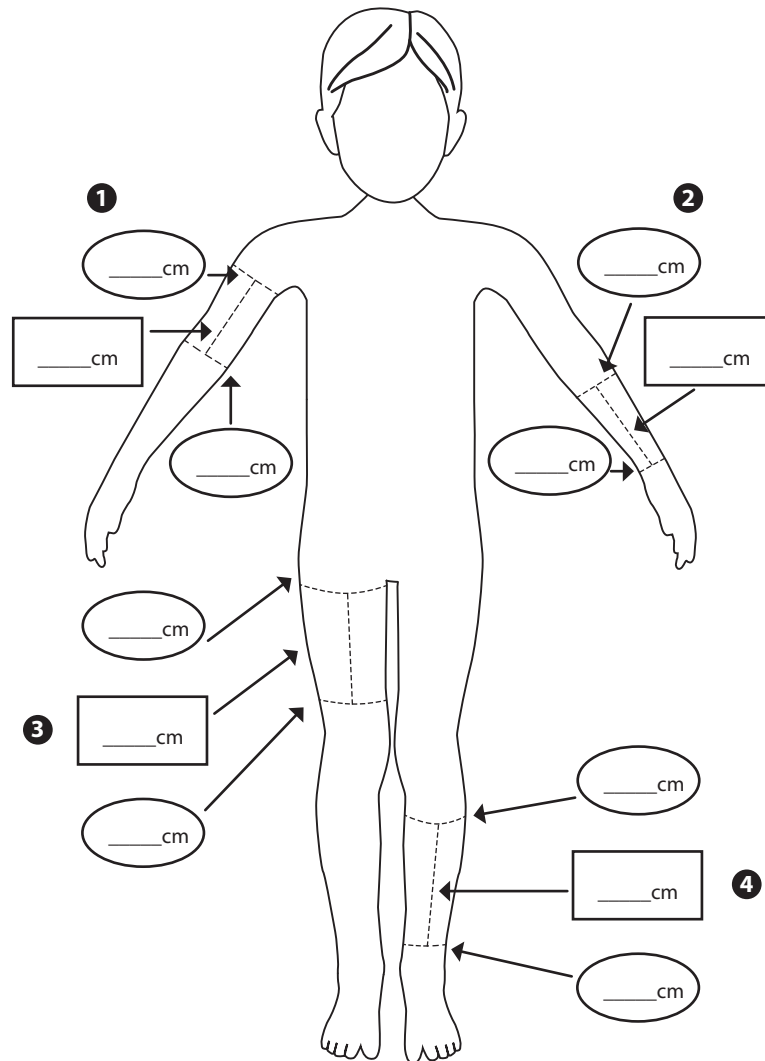
② Lower Arm

Leg Wrap

③ Upper Leg

④ Lower Leg

Measure patient laying down. Measurements should be in centimeters.



Options

Additional Comments

<p>Color <input type="checkbox"/> BLACK <input type="checkbox"/> ROYAL BLUE <input type="checkbox"/> WHITE</p> <p>Layers <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> TRIPLE <input type="checkbox"/> 4 LAYERS</p>	
--	--

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