



# SPIO®

## Cap Custom Measurement Form

Date \_\_\_\_\_

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

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

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

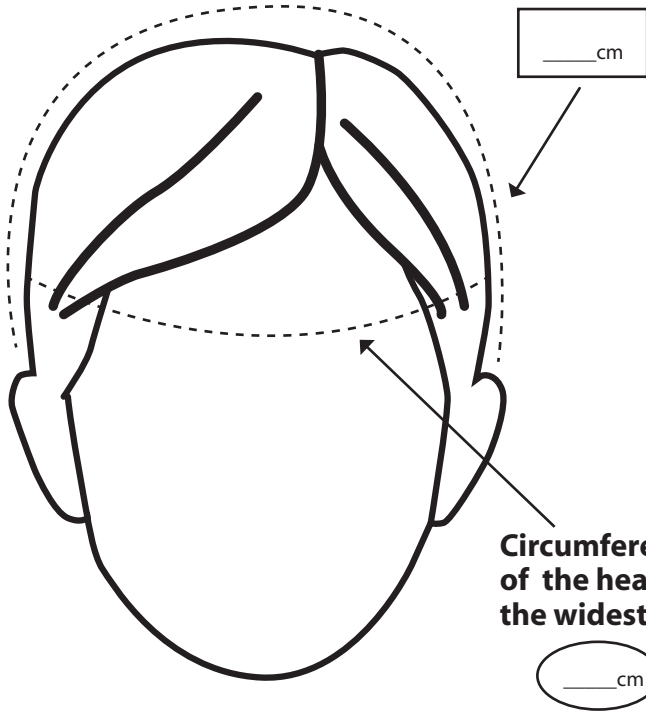
### Measurement Key

Length =

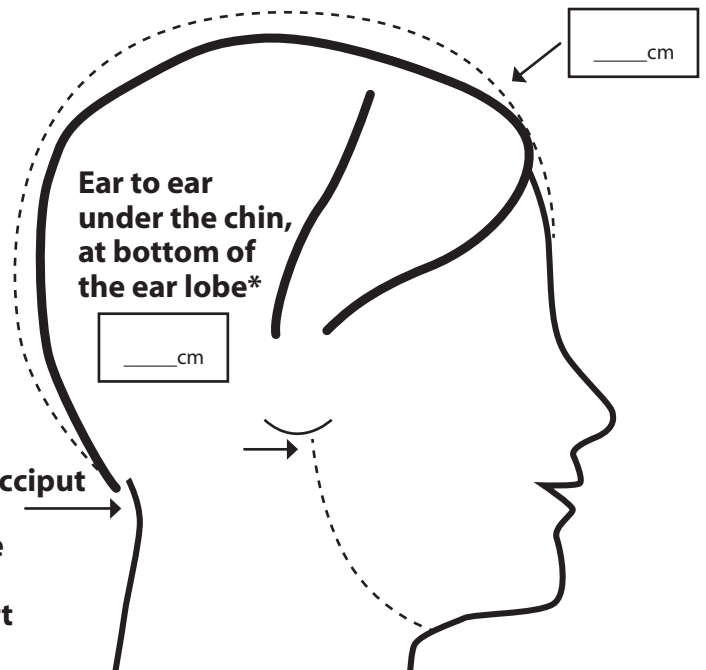
Circumference =

Measurements should be in centimeters.

**Ear to Ear**  
Over Top of Head



**Front of Head to Occiput**  
Over Top of Head



\* **Options:** Please fill out this additional measurement if you want a chin strap on your SPIO Cap.

#### Options

#### Additional Comments

**Color**  BLACK  ROYAL BLUE  WHITE

**Chin Strap**  YES  NO

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