



SPIO®

Lower Body Orthosis Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

Contact Phone _____ Contact Email _____

Measurement Key

Length =

Circumference =

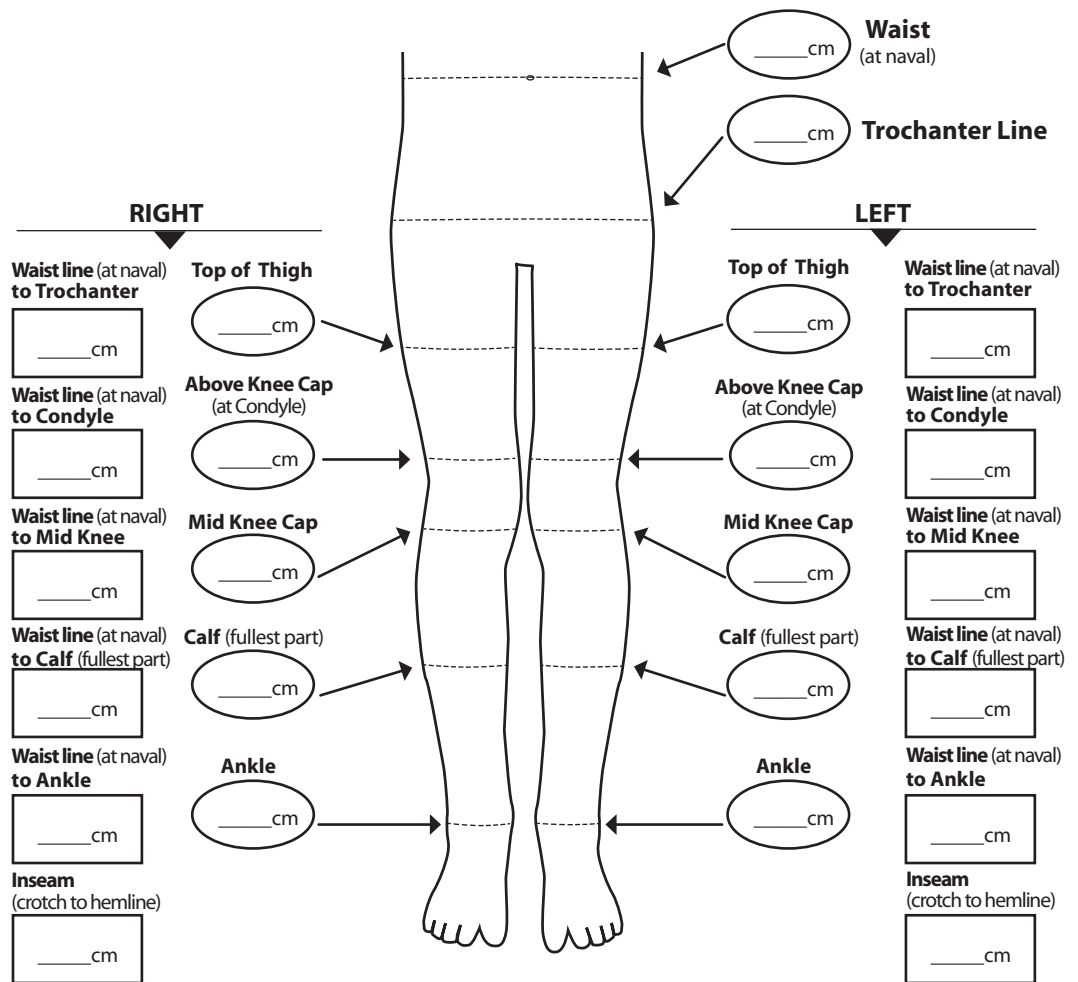
Measure patient standing up. Measurements should be in centimeters.

Measure knee circumference at 15 degrees flexion. Measure both legs. Measure over diaper or underwear. All boxes should be filled in. Measure on top of torso, not the side.

Diaper

YES NO

If yes, measure back waist to gluteal fold _____ cm



Options

Color BLACK ROYAL BLUE WHITE

Hem CONDYL MID KNEE CALF ANKLE

Additional Comments

<p>Color <input type="checkbox"/> BLACK <input type="checkbox"/> ROYAL BLUE <input type="checkbox"/> WHITE</p> <p>Hem <input type="checkbox"/> CONDYL <input type="checkbox"/> MID KNEE <input type="checkbox"/> CALF <input type="checkbox"/> ANKLE</p>	
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Please include a copy of the SPIO Order Form along with your custom measurement form.