



SPIO®

Arm Orthosis Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

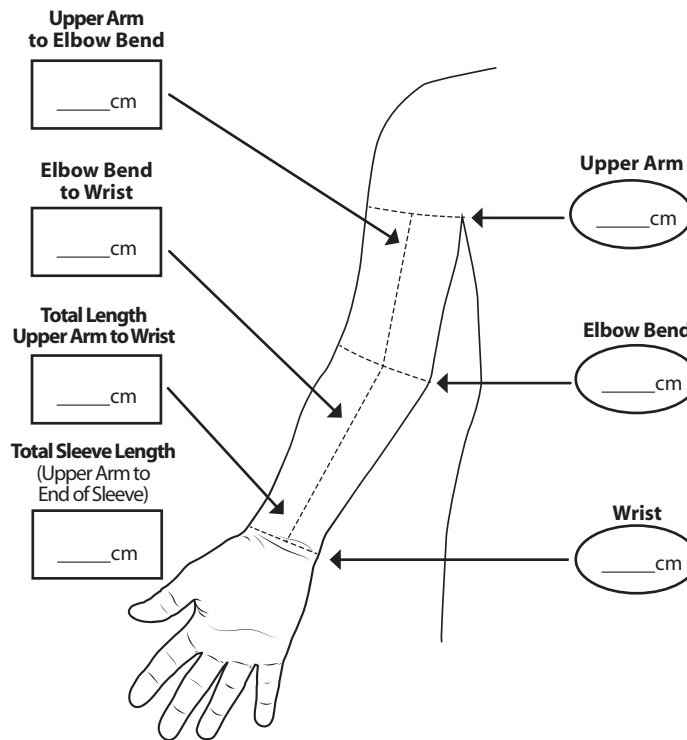
Contact Phone _____ Contact Email _____

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.