



SPIO®

Leg Orthosis Custom Measurement Form

Date _____

Name (Patient) _____ Age _____

Contact Name _____

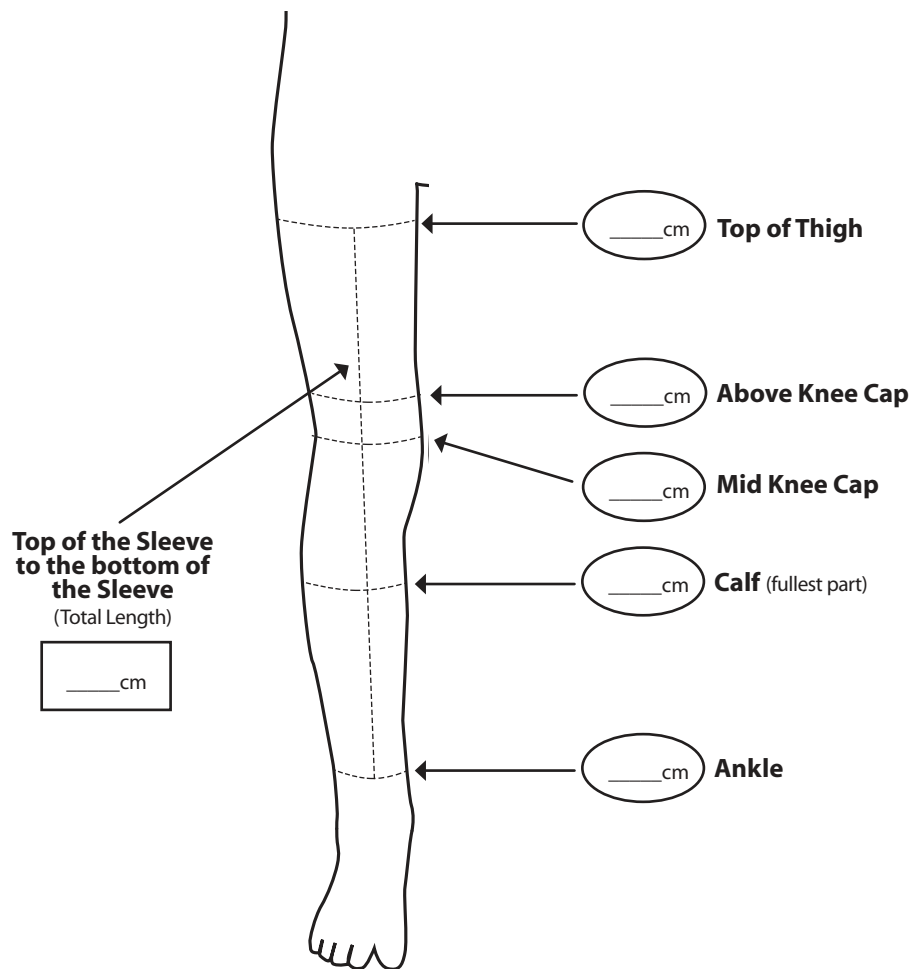
Contact Phone _____ Contact Email _____

Measurement Key

Length =

Circumference =

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



Options

Additional Comments

Color BLACK ROYAL BLUE WHITE

Layers DOUBLE TRIPLE

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