



Date \_\_\_\_\_

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

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

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

**Measurement Key**

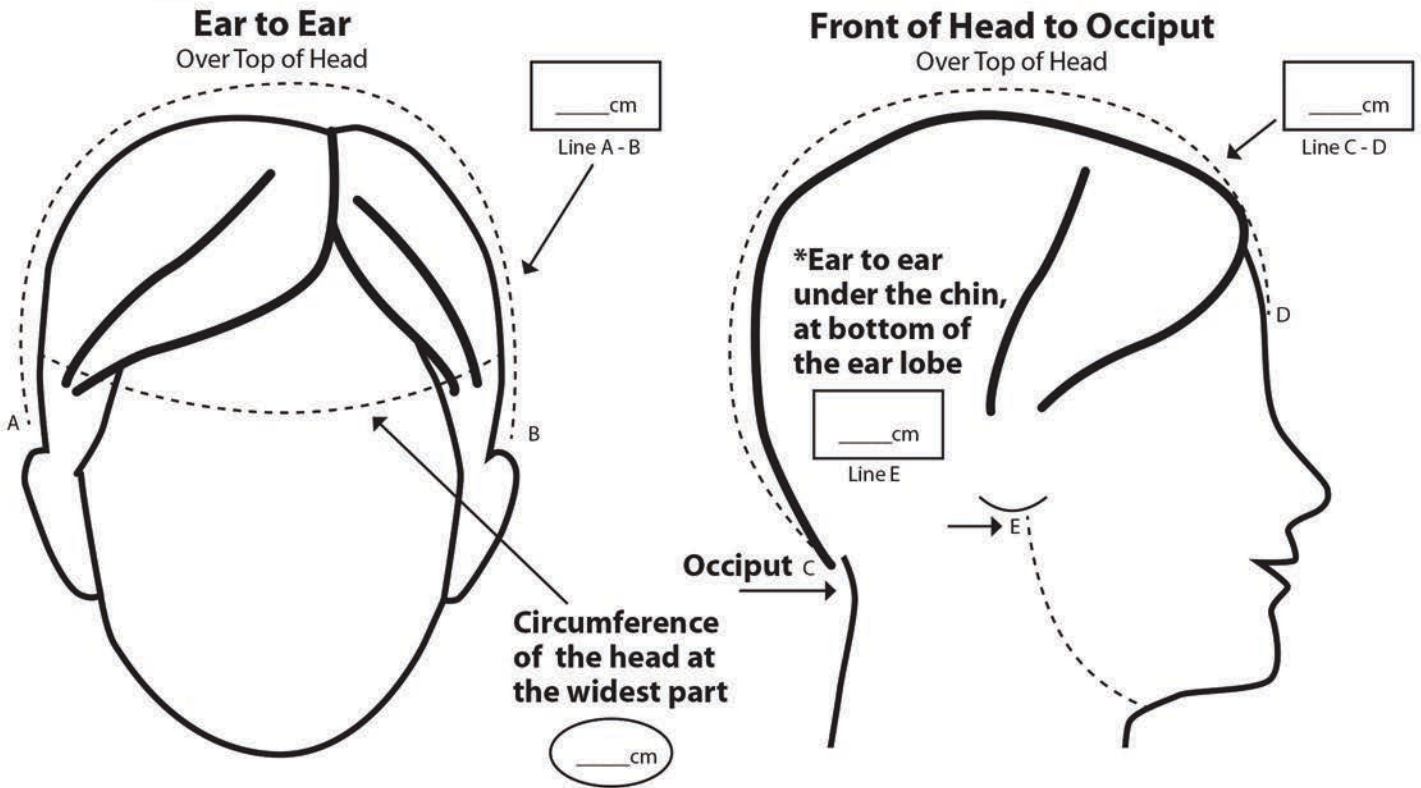
Length=

Circumference=

**ALL MEASUREMENT FIELDS ARE REQUIRED**

**Instructions**

- Measure in centimeters.
- All boxes must be filled in.



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

Quantity

**Options**

**Additional Comments**

**Color**  BLACK  ROYAL BLUE  WHITE

**Chin Strap**  YES  NO

Please include a copy of the order form along with your custom measurement form.