



Date _____
 Name (Patient) _____ Age _____
 Contact Name _____
 Contact Phone _____ Contact Email _____

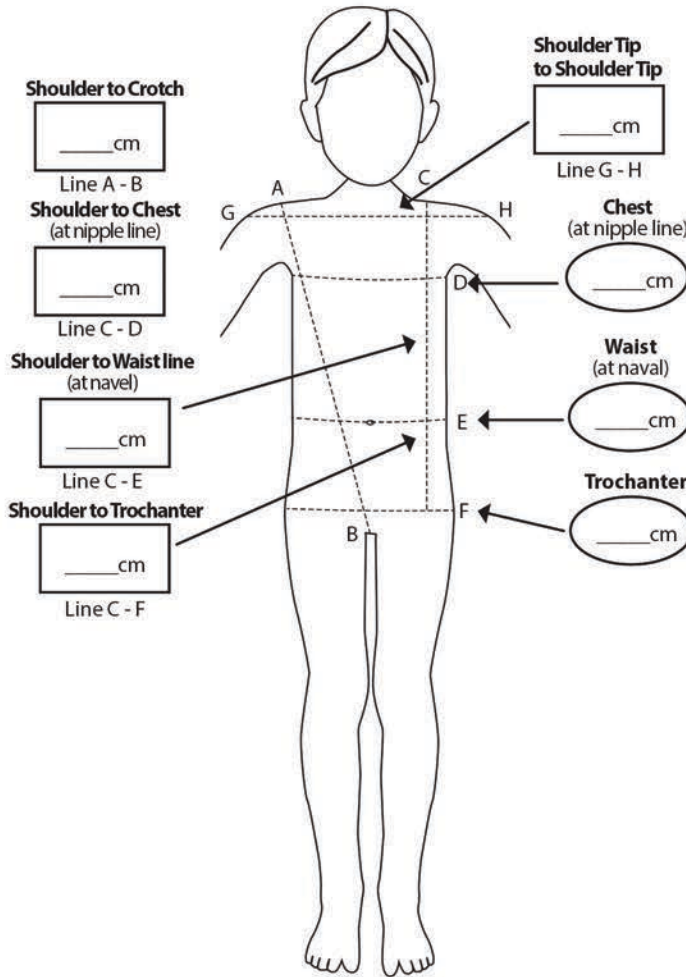
ALL MEASUREMENT FIELDS ARE REQUIRED

Measurement Key

Length =
 Circumference =

Instructions

- Measure child laying down.
- Measure in centimeters.
- Measure over diaper or underwear.
- Measure on top of the torso, not the side.
- All boxes must be filled in.



Quantity

Options

Additional Comments

<p>Color <input type="radio"/> BLACK <input type="radio"/> ROYAL BLUE <input type="radio"/> WHITE</p> <p>Abdominal Reinforcement <input type="radio"/> YES <input type="radio"/> NO</p> <p>Crotch Strap <input type="radio"/> YES <input type="radio"/> NO Removable <input type="radio"/> YES <input type="radio"/> NO</p> <p>Rigid Stays <input type="radio"/> YES <input type="radio"/> NO</p>	
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Please include a copy of the order form along with your custom measurement form.