



Date \_\_\_\_\_

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

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

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

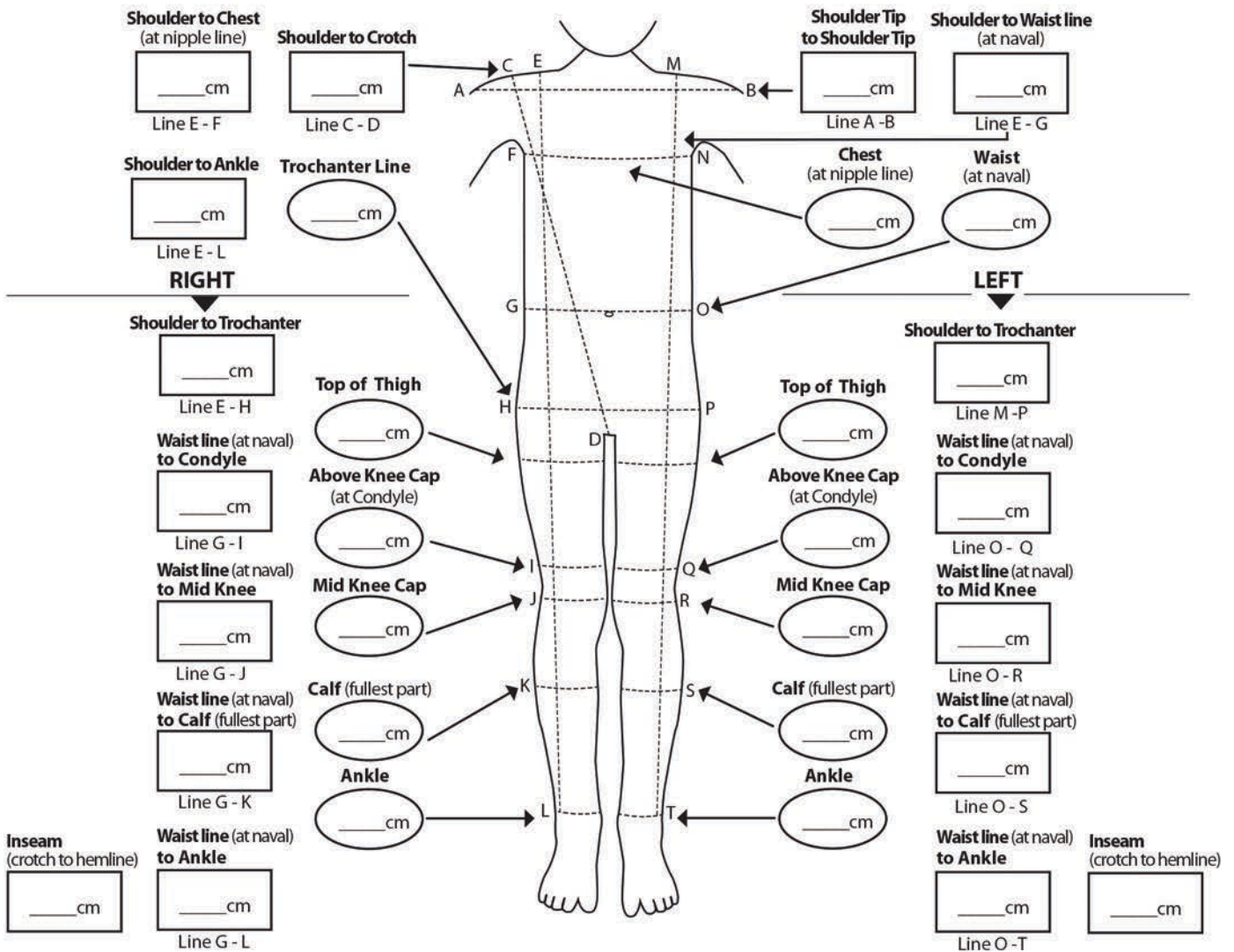
**Measurement Key**

Length =

Circumference =

**Instructions:** Measure child laying down. Measure knee circumference at 15 degrees flexion. Measure in centimeters. Measure both legs. Measure over diaper or underwear. Measure on top of the torso, not on the side. All boxes must be filled in.

**ALL MEASUREMENT FIELDS ARE REQUIRED**



**Options**

**Color**

BLACK  ROYAL BLUE  WHITE

**Additional Comments**

**Quantity**

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