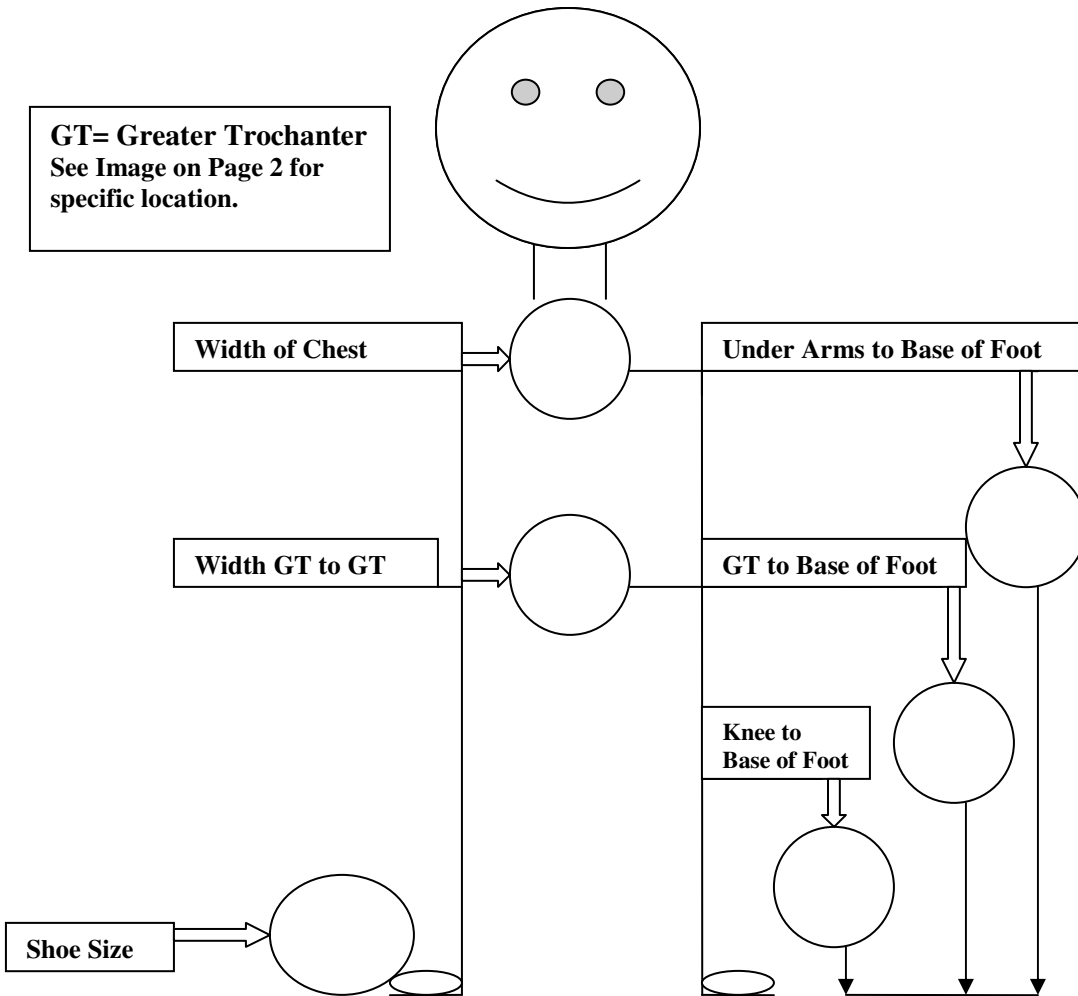


MEASUREMENT CHART

Child's Name:	DOB:
Address:	Phone:
Parent's Name:	Estimated Trial Date:



Name of Physical Therapist: _____

Phone #: _____

Date Measurements taken: _____

Notes: _____
