



Custom Cranial Prosthesis Measurement Sheet

Please record the following head measurements in inches. Accurate measurements ensure a secure and natural fit for your cranial prosthesis.

Client Name: _____

Date: _____

Phone: _____

Email: _____

1. Circumference: _____ inches
2. Front to Nape: _____ inches
3. Ear to Ear (Across Forehead): _____ inches
4. Ear to Ear (Over Top): _____ inches
5. Temple to Temple (Across Back): _____ inches
6. Nape of Neck: _____ inches

Additional Notes:

Phone: 215-678-5798

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