



## Order Form Details

All fields are required in order to process your order

### Order Details

Date: \_\_\_\_\_ Order No.: \_\_\_\_\_

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

Contact Phone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_

Delivery Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code: \_\_\_\_\_

### Patient Details

Patient Reference No.: \_\_\_\_\_

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Please indicate:  Male  Female

Please indicate:  New Patient  Existing Patient

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please continue to fill in the garment details using the following pages.

**When completed, please click:**  
**[customerservice@jobskin.co.uk](mailto:customerservice@jobskin.co.uk) to email your**  
**electronic order form**

Please download your electronic forms directly from our website - [www.jobskin.co.uk/file-download](http://www.jobskin.co.uk/file-download)

## Vest & Leotard Order Form

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### Premium Original

- Plain Powernet:**  Beige  Tan  Blossom  Red  Raspberry  
 Classy Blue  Denim Blue  Black
- Printed Powernet:**  Unicorn  Safari Car  Paw Print  Pink Camo  Green Camo  
 Blue Camo  Rainbow Unicorn

### Zips

- None  Colour Matching  Leopard  Camouflage  Galaxy  Rainbow  
 Tribe

(End of sleeve and end of shorts & leggings only, no binding on crotch & neckline)

### Bindings (No binding choice available on sock, foot glove, gloves, gauntlets & head garments.)

- None  Daisies  Roses  Rainbow Mermaid  Pink Tribe  Rocket  
 B&W Football  Pink Football  Pink Hearts  Silver Aztec  Pink Aztec  Spots & Stripes

### Thread

- Colour Matching  Beige  White  Tan  Pastel Pink  Bright Pink  
 Red  Purple  Green  Pastel Blue  Royal Blue  Denim Blue  
 Navy Blue  Black

### Premium Active - 50 UPF

(Both garment colour choices are designed with black zipper and thread)  
 (No binding on Premium Active)

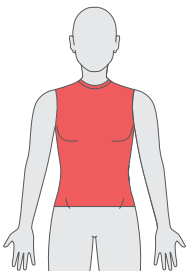
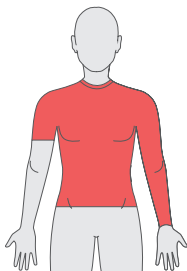
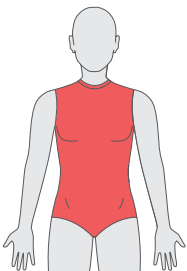
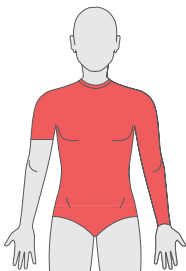
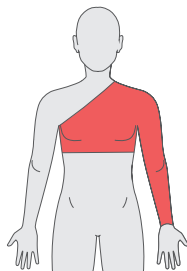
- Eucalyptus Green  Black

### Premium Q10 - Q10 cosmetic ingredient

(Zipper and thread are matching - plain colours are based on the Fitzpatrick scale)  
 (No binding on Premium Q10)

- Plain Q10:**  Type 2 (White, Fair)  Type 3 (Medium, white to Olive)  Type 4 (Olive, moderate brown)  Type 5 (Brown, dark brown)  Type 6 (Brown, very dark, brown to black)
- Printed Q10:**  Fairy & Castle  Dinosaurs

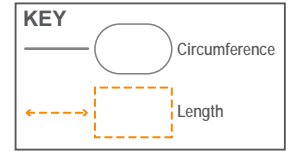
### Garment (please indicate)

<input type="checkbox"/> <b>PO 0525</b> Vest No Sleeves  <input type="checkbox"/> Bra cups  	<input type="checkbox"/> <b>PO 0527</b> Vest with Short or Long Sleeves  <input type="checkbox"/> Short sleeve <input type="checkbox"/> Long sleeve <input type="checkbox"/> Bra cups  	<input type="checkbox"/> <b>PO 0530</b> Leotard No Sleeves  <input type="checkbox"/> Bra cups  	<input type="checkbox"/> <b>PO 0531</b> Leotard with Short or Long Sleeves  <input type="checkbox"/> Short sleeve <input type="checkbox"/> Long sleeve <input type="checkbox"/> Bra cups  	<input type="checkbox"/> <b>PO 0503</b> Arm sleeve (Without a Shoulder Flap)  <input type="checkbox"/> Short sleeve <input type="checkbox"/> Long sleeve <input type="checkbox"/> Left <input type="checkbox"/> Right  
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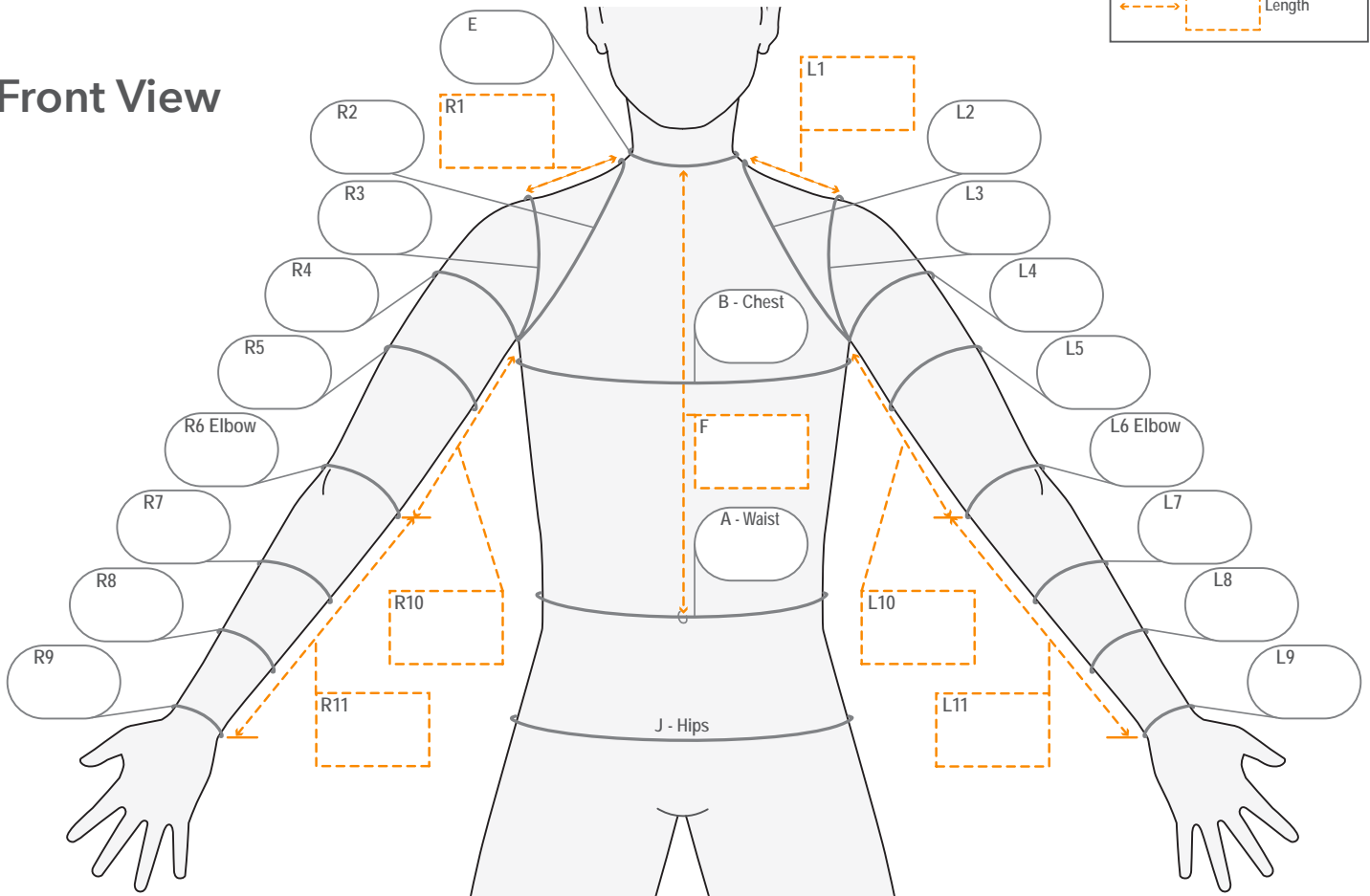
**Vest & Leotard Order Form**

Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

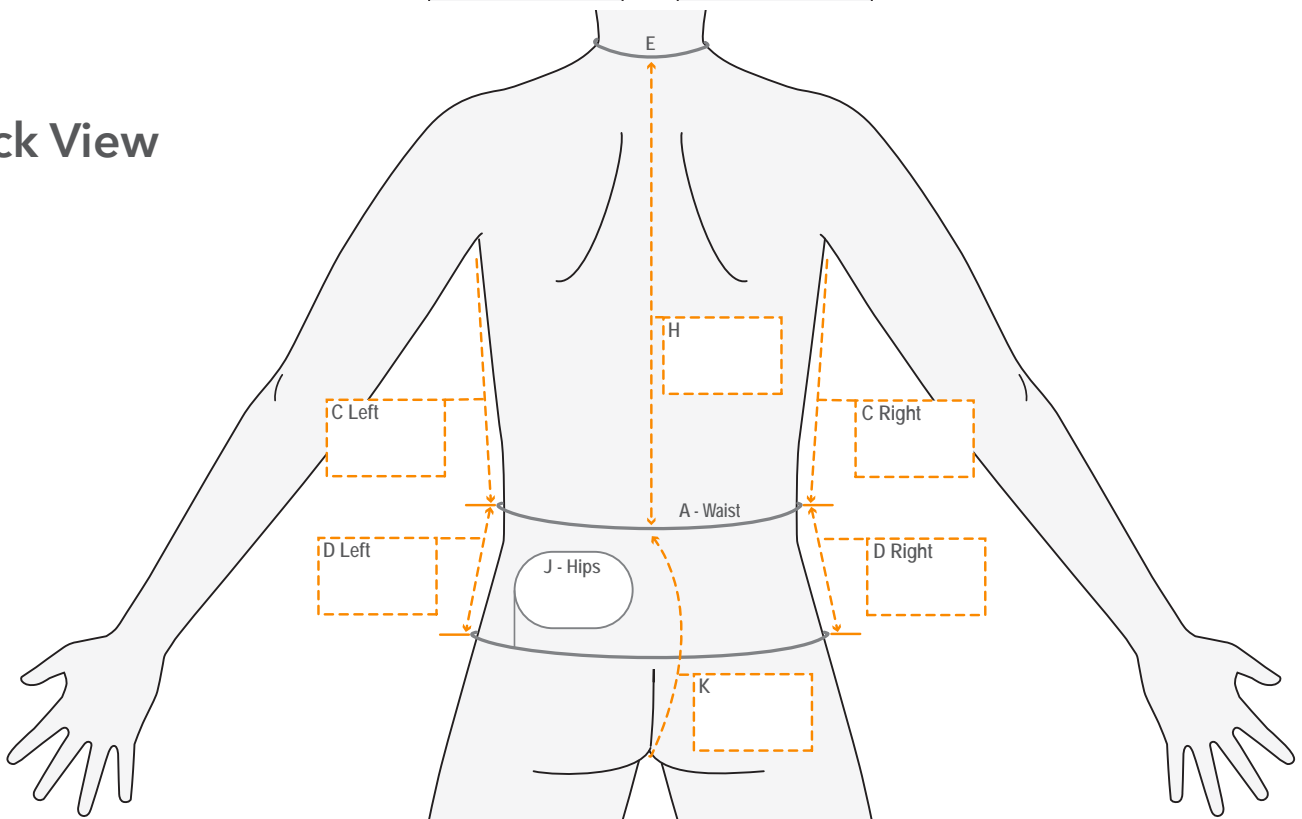
**Please use this outline in conjunction with the guide and grids on pages 4 & 5**  
To record measurements type them in the boxes below or in the corresponding grid on the next page, both fill simultaneously.



## Front View



## Back View



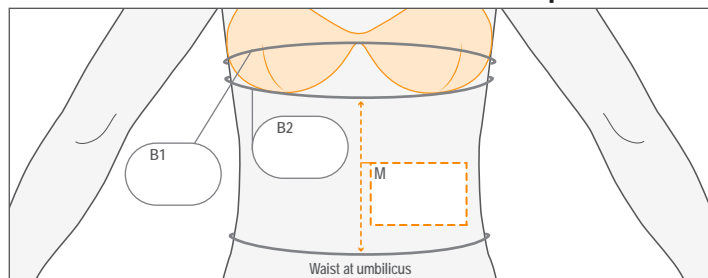
## Vest & Leotard Order Form

Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

Torso Circumference Measurements		Left (cm)	Right (cm)
A	Waist at umbilicus		
B	Chest at axilla level		
E	Neck below Adam's apple		
J	Hips		
2	Base of neck around axilla and back		
3	Around shoulder joint over acromion		

Torso Length Measurements		Left (cm)	Right (cm)
C	Into anterior axilla to waist (front view)		
D	Waist to hips or end of garment		
F	Required front neckline to waist		
H	Required back neckline to waist		
1	Base of neck to acromion		
10	Into anterior axilla to elbow joint/crease		
11	Elbow joint/crease to wrist		

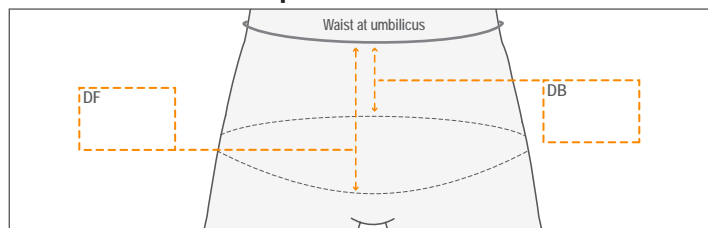
## Additional Measurements for Bra Cups



Circumference Measurements		(cm)
B1	Overbust circumference	
B2	Underbust circumference	

Length Measurement		(cm)
M	Waist to under bust length	

## Back & Front Scoop end of vest (if required)



Length Measurements		(cm)
DF	Waist down to end of garment at the front	
DB	Waist down to end of garment at the back	

**Limb measurements:** The new range can be measured using either method A using a traditional measure tape or method B using our specialised limb paper tapes, to record the arm/limb measurements.

## Method A

		Left (cm)	Right (cm)
4	Top of arm level with axilla		
5	Mid upper arm		
6	Elbow joint/crease, arm extended		
7	Upper forearm		
8	Lower forearm		
9	Wrist		

## Method B

**Arm** (Use PINK paper tape for the arm)

Left (cm)	Right (cm)
	Distal Pleat

### Wrist

	-4½	
	-3	
	-1½	
	0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	Elbow 9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	

### Axilla

	Proximal Pleat	
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Please note:  
When selecting the sleeve elastic finish - all options are included in the finished length indicated by the paper tapes recorded above. (This includes the CUFF finish.)

## PO 0503 - One Arm Sleeve garment only

**Required:**

Circumference measurements: 2 - 9, A, B

Length Measurements: 10,11,C

Please note: Circ A is taken at the required finished length.

## Vest & Leotard Order Form

Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

### Style Options for PO 0503 - One Arm

Sleeve garment only		Left	Right
<input type="checkbox"/> Pull on over the head			
Velcro fastening: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Centre			
Zipper fastening: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Centre			
<b>Sleeve elastic:</b>	Overlock (no elastic)	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Cuff 5cm	<input type="checkbox"/>	<input type="checkbox"/>

### All Other Style Options

		Left	Right
<b>Axilla shape:</b>	Insert (centre seam)	<input type="checkbox"/>	<input type="checkbox"/>
	Gusset horizontal (no centre seam)	<input type="checkbox"/>	<input type="checkbox"/>
	Gusset vertical (no centre seam)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Axilla shape fabric:</b>	Same as base fabric	<input type="checkbox"/>	<input type="checkbox"/>
	Lining	<input type="checkbox"/>	<input type="checkbox"/>
	Base fabric + Lining	<input type="checkbox"/>	<input type="checkbox"/>
<b>No Axilla shape:</b>	Seam Lined	<input type="checkbox"/>	<input type="checkbox"/>
	Seam Not Lined	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sleeve elastic:</b>	Overlock (no elastic)	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
Silicone Cuff 5cm	<input type="checkbox"/>	<input type="checkbox"/>	

### Waist elastic:(distal end)

Regular	<input type="checkbox"/> 2.5cm elastic	<input type="checkbox"/> 5cm elastic	
Silicone	<input type="checkbox"/> 2.5cm elastic	<input type="checkbox"/> 5cm elastic	
Stand up turtleneck collar (give height)	<input type="checkbox"/>		cm
Grandad collar (give height)	<input type="checkbox"/>		cm
Velcro tabs to attach to shorts/leggings (set of 4)		<input type="checkbox"/>	
Crotch finishing:	<input type="checkbox"/> Poppers	<input type="checkbox"/> Velcro	

### Modifications

All the following items will be an additional charge

#### Bra Cup (tick if required - select one choice only)

Item description	Product Code	Left	Right
<input type="checkbox"/> Bra cup in base fabric as standard	1182	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bra cup in base fabric and lined on the inside in polycotton	1184	<input type="checkbox"/>	<input type="checkbox"/>
Normal bra size (must be provided)			

#### Body Zipper - 1145 (tick if required)

Body Zipper (open ended):	<input type="checkbox"/> Front	<input type="checkbox"/> Back
Hook and eye (on fly behind the zip to assist donning)	<input type="checkbox"/>	

#### Limb Zippers - 1145 (tick if required)

Arm			
Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric	
Position (please select: Medial, Lateral, Dorsal, Volar)	<input type="checkbox"/>	<input type="checkbox"/>	
Length: _____	cm		
Hook and eye (on fly behind the zip to assist donning)	<input type="checkbox"/>		

#### Inset Zippers - 1144 (tick if required)

Use placement pad to mark position if required			
Arm			
Extremity	<input type="checkbox"/> Distal	<input type="checkbox"/> Proximal	
Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric	
Position (please select: Medial, Lateral, Dorsal, Volar)	<input type="checkbox"/>	<input type="checkbox"/>	
Length: _____	cm		

#### Sleeve Linings

Inner elbow lining (to protect fragile skin and provide comfort if required)	1167	<input type="checkbox"/>	<input type="checkbox"/>
Full elbow lining (as above)	1168	<input type="checkbox"/>	<input type="checkbox"/>

#### Sleeve Reinforcements

Reinforced outer elbow (for high wear area to reinforce)	1189	<input type="checkbox"/>	<input type="checkbox"/>
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#### Silon-TEX® II Insert

Silon-TEX® II fabric (sewn into garment)	1191	<input type="checkbox"/> Use placement pad to mark position
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## Vest & Leotard Order Form

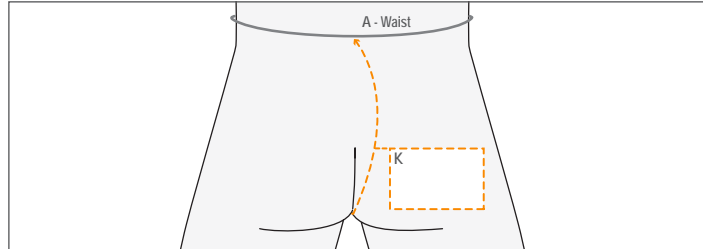
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

### Sleeve Seams (Standard is Medial - inner)

	Left	Right
Lateral (outer) - if you need to move seam away from the scar area	<input type="checkbox"/>	<input type="checkbox"/>

Please note: not available with a vertical gusset axilla option.

### Nappy Strap - 0001



Length Measurement - Measurement K	(cm)
Detachable with velcro back and front of garment	<input type="checkbox"/>
Sewn at front and velcro fastened at back of garment	<input type="checkbox"/>

### Pockets & Pads

Item description	Product Code	
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	<input type="checkbox"/> Use placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	<input type="checkbox"/> Use placement pad to mark position

### Foam Pads (to insert into pocket, please select foam thickness)

Low profile 5mm	1178	<input type="checkbox"/>
Low density 20mm	1179	<input type="checkbox"/>
High density 25mm	1180	<input type="checkbox"/>

### Reinforcement Panels

(Tick if required)	Product Code	1157
The addition of specific panels provides a prolonged soft tissue stretch, promotes posture and body realignment during scar maturation		
Panels will match the base fabric colour		

<input type="checkbox"/> <b>AAP</b> <b>Anterior Abdominal Panel</b> To provide extra lumbar support Please specify length of panel from umbilicus: _____ cm	 Anterior	<input type="checkbox"/> <b>LF</b> <b>Lateral Flexion Panel</b> Anterior and posterior panel to correct lateral flexion Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 Anterior Posterior
<input type="checkbox"/> <b>UBR1</b> <b>Upper Back Reinforcing Panel</b> To provide stretch and realignment into protraction of the scapulae for scarring to the upper back	 Anterior  Posterior	<input type="checkbox"/> <b>UBR2</b> <b>Upper Back Reinforcing Panel</b> To provide stretch and realignment into retraction of the scapulae and back extension for scarring to the upper back	 Posterior
<input type="checkbox"/> <b>UAR</b> <b>Upper Anterior Realignment Panel</b> To provide stretch and realignment of the elbow into flexion to reduce extension Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 Anterior - Left  Anterior - Right	<input type="checkbox"/> <b>UPR</b> <b>Upper Posterior Realignment Panel</b> To provide stretch and realignment of the elbow into extension to reduce flexion Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 Posterior - Left  Posterior - Right