



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 to email your
electronic order form

Please download your electronic forms directly from our website - www.jobskin.co.uk/file-download

Shorts & Leggings Order Form

All fields are required in order to process your order

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

Bindings

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

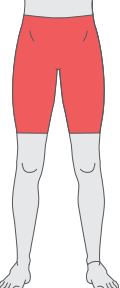
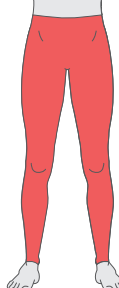
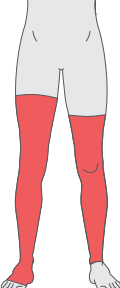
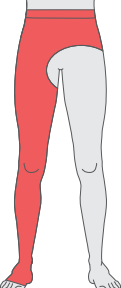
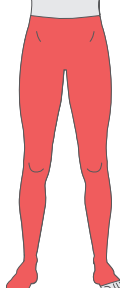
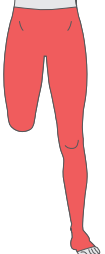
- Eucalyptus Green Black

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)

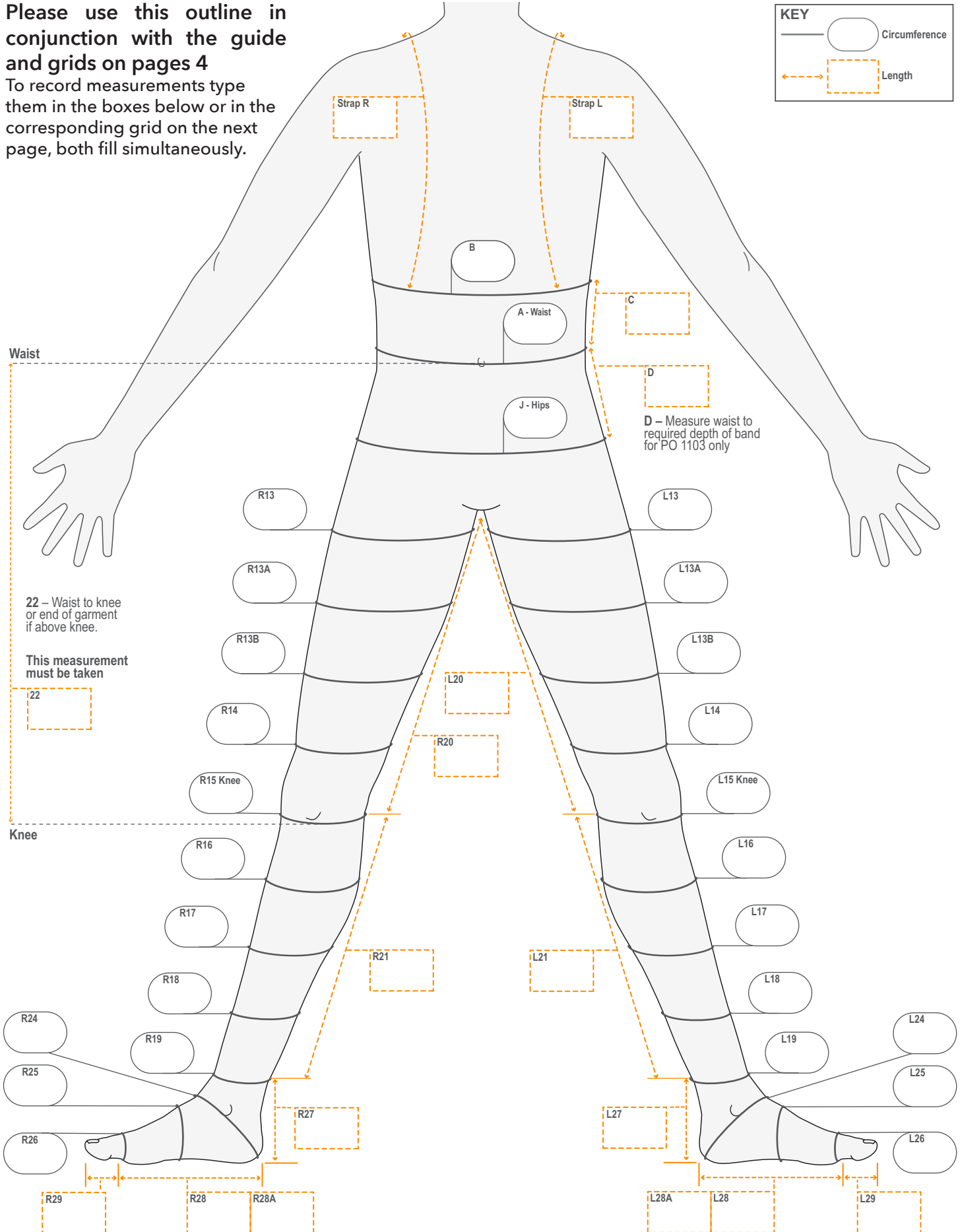
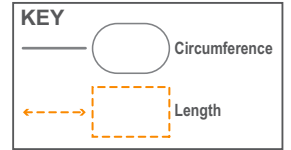
<input type="checkbox"/> PO 1119 Leggings Short Leg <input type="checkbox"/> Open Crotch <input type="checkbox"/> Closed Crotch 	<input type="checkbox"/> PO 1111 Leggings Below Knee, Any Length, No Feet <input type="checkbox"/> Open Crotch <input type="checkbox"/> Closed Crotch 	<input type="checkbox"/> PO 0201 Leg Sleeve, Any Length With or Without Feet <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> With Feet <input type="checkbox"/> Without Feet 	<input type="checkbox"/> PO 1103 Waist Height One Leg, Open Pubis With or Without Feet <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> With Feet <input type="checkbox"/> Without Feet 	<input type="checkbox"/> PO 1101 Waist Height Two Legs With Feet <input type="checkbox"/> Open Toes <input type="checkbox"/> Closed Toes <input type="checkbox"/> Open Crotch <input type="checkbox"/> Closed Crotch 	<input type="checkbox"/> PO 1134 Waist Height, One or Two Stump With or Without Feet <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both <input type="checkbox"/> Open Crotch <input type="checkbox"/> Closed Crotch <input type="checkbox"/> With Feet <input type="checkbox"/> Without Feet 
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Shorts & Leggings Order Form

Order No.: _____ Patient Reference No.: _____

Please use this outline in conjunction with the guide and grids on pages 4

To record measurements type them in the boxes below or in the corresponding grid on the next page, both fill simultaneously.



Shorts & Leggings Order Form

Order No.: _____ Patient Reference No.: _____

Torso Circumference Measurements		(cm)
A	Waist at umbilicus	
J	Hips	

Limb Length Measurements:

Measurement 22 must be taken. Without this, we are unable to process your order

		Left (cm)	Right (cm)
20	Inside leg (into groin) to knee joint or required length if above knee		
21	Knee joint to ankle or required length		
22*	Waist to knee or required length of garment if above knee		

PO 1103 only

Length Measurement		(cm)
D	Waist to hips - PO 1103 only (width of waist band)	

High waisted shorts & leggings only

Circumference Measurements

B	Top of shorts or leggings	
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Length Measurements

		Left (cm)	Right (cm)
C	Top of shorts to waist		
Strap	Length of shoulder straps (only if shoulder straps are required) Polycotton material with adjustable D-ring fastener		

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 leg/limb measurements.

Method A

		Left (cm)	Right (cm)
13	Top of thigh level with gluteal fold		
13a	Upper thigh		
13b	Mid thigh		
14	Lower thigh		
15	Knee joint (in line with mid patella)		
16	Upper calf		
17	Mid calf		
18	Lower calf		
19	Ankle at upper margin of medial malleolus		
24	Around foot and heel under malleolus		
25	Instep or waist of foot		
26	Foot at metatarsal heads		

Foot Length Measurements:

Measurement 27,28,28a & 29 are required if you are ordering the garments with feet.

		Left (cm)	Right (cm)
27	Upper margin medial malleolus to sole of foot		
28	Metatarsal heads to heel (medial)		
28a	From metatarsal heads to heel on lateral border		
29	Metatarsal heads to tip of toes (medial)		

Method B

Full Leg (use PURPLE paper tape for a full leg)

(Please put a tick to indicate the patella [kneecap] position below)

Left (cm)		Right (cm)
	Distal Pleat	
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	Heel 0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	Proximal Pleat	

Please put a tick to indicate the patella [kneecap] position

Please put a tick to indicate the patella [kneecap] position

Please note:

When selecting the leg elastic finish - all options (includes CUFF finish) are included in the finished length indicated by the paper tape recorded above.

For closed toe only

	Left (cm)	Right (cm)
Foot length required		

Shorts & Leggings Order Form

Order No.: _____ Patient Reference No.: _____

All Other Style Options

		Left	Right
Distal leg elastic:	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"/>
Proximal elastic	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			
Regular (inverted):	<input type="checkbox"/> 2.5cm elastic	<input type="checkbox"/> 5cm Elastic	
Cuff:	<input type="checkbox"/> 2.5cm elastic	<input type="checkbox"/> 5cm Elastic	
Silicone Regular (inverted):	<input type="checkbox"/> 2.5cm elastic	<input type="checkbox"/> 5cm Elastic	
Silicone Cuff:	<input type="checkbox"/> 2.5cm elastic	<input type="checkbox"/> 5cm Elastic	
Ankle contracture seam (at front of ankle for shaping only)		<input type="checkbox"/>	<input type="checkbox"/>
Velcro tabs to attach to vest (set of 4)		<input type="checkbox"/>	

Crotch

Crotch:	<input type="checkbox"/> Open	<input type="checkbox"/> Closed (Standard - lined gusset)
Please select the fly opening below if you choose closed crotch.		
<input type="checkbox"/> None	<input type="checkbox"/> Boxer (vertical opening)	<input type="checkbox"/> Zipper (vertical)
<input type="checkbox"/> Pouch (horizontal opening in powernet)		
<input type="checkbox"/> Diagonal fly: (choose option)	<input type="checkbox"/> Standard lining fabric (light pressure)	<input type="checkbox"/> Powernet fabric (for a snug fit)

Modifications

All the following items will be an additional charge

Limb Zippers - 1145 (tick if required)

Leg		
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 or Lateral)	Left	Right
	<input type="checkbox"/>	<input type="checkbox"/>
Length: _____ cm		
Hook and eye (on fly behind the zip to assist donning)		<input type="checkbox"/> <input type="checkbox"/>

Inset Zippers - 1144 (tick if required)

Use placement pad to mark position if required		
Leg		
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 or Lateral)	Left	Right
	<input type="checkbox"/>	<input type="checkbox"/>
Length: _____ cm		

Knee Linings

Item description	Product Code	Left	Right
Lining full knee (to protect fragile skin and provide comfort if required)	1183	<input type="checkbox"/>	<input type="checkbox"/>
Lining behind knee (as above) Please mark on the tape to indicate the knee position	0040	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the patella (kneecap) position on the grid if using Method B - paper tapes.

Reinforcements

Reinforced knee (lining at front for high wear area)	Product Code	Left	Right
	1186	<input type="checkbox"/>	<input type="checkbox"/>
Reinforced heel (for high wear area to reinforce)	1187	<input type="checkbox"/>	<input type="checkbox"/>
Non-slip silicone sole of foot	1188	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the patella (kneecap) position on the grid if using Method B - paper tapes.

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Toes

Item description	Product Code	Left	Right
Self enclosed toe in base fabric (no seams)	1159	<input type="checkbox"/>	<input type="checkbox"/>
Soft enclosed toe in lining fabric	1160	<input type="checkbox"/>	<input type="checkbox"/>

Braces

Braces/straps with Velcro® Length: _____ cm (must be given)	1162	<input type="checkbox"/> Detachable with Velcro® <input type="checkbox"/> Sewn, not detachable
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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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Leg 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"/>

(This option is only available to garments without feet)

Pockets & Pads

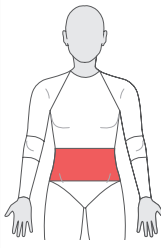
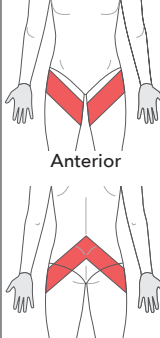
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	<input type="checkbox"/> Use placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	<input type="checkbox"/> Use placement pad to mark position

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"/> AAP Anterior Abdominal Panel To provide extra lumbar support Please specify length of panel from umbilicus: _____ cm	 Anterior	<input type="checkbox"/> AER Assisting External Rotation Panels To provide stretch and realignment of the hips by assisting external rotation to reduce internal rotation Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 Anterior Posterior
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