



## 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)

## Head 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

**Bindings - no binding choice available on head garments.**

### Zips

- None  Colour Matching

### 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)

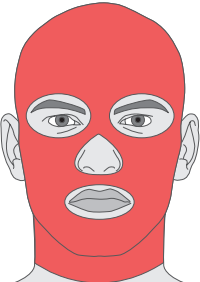
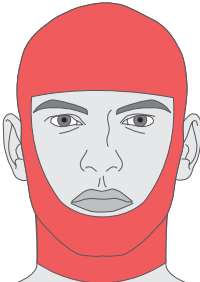
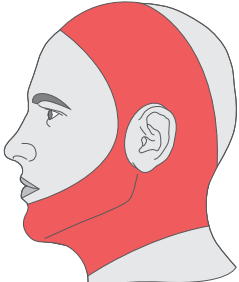
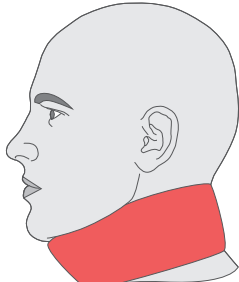
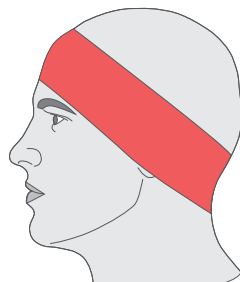
- Eucalyptus Green  Black

### 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)

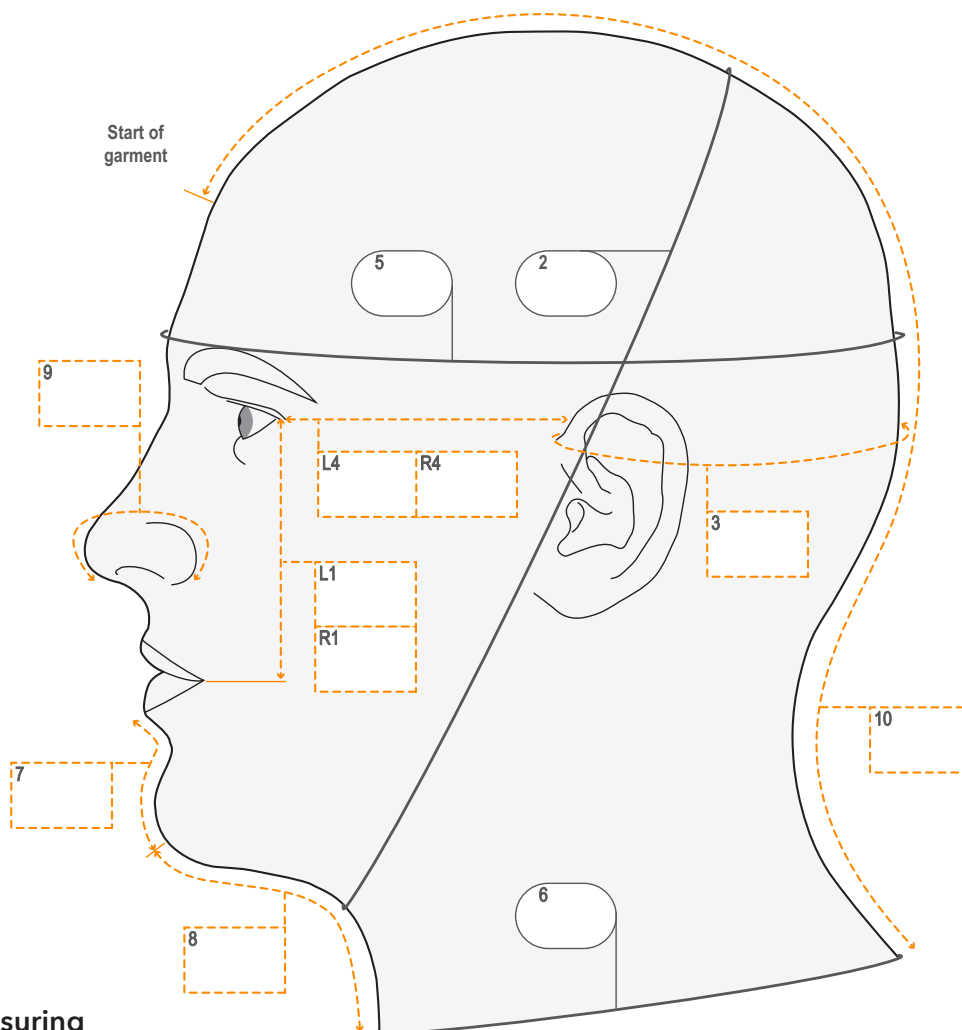
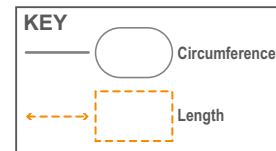
<input type="checkbox"/> <b>PO 0540</b> Full Face Mask 	<input type="checkbox"/> <b>PO 1158</b> Open Face Mask 	<input type="checkbox"/> <b>PO 0549</b> Modified Chin Strap 	<input type="checkbox"/> <b>PO 0545</b> Chin Extension Collar 	<input type="checkbox"/> <b>PO 0017</b> Head Band 
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Please note for PO 0017 Head Band:

Standard finish on this design is inverted elastic top and bottom of headband as this is shaped over the ears

## Head Order Form

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



### Garment Measuring

**PO 0540** Full Face Mask: Requires all measurements

**PO 1158** Open Face Mask: Requires measurements: 2, 3, 5-8, 10

**PO 0549** Modified Chin Strap: Requires measurements: 2, 5 - 8

**PO 0545** Chin Extension Collar: Requires measurement: 6

**PO 0017** Head Band: Requires measurement: 5

### Circumference Measurements

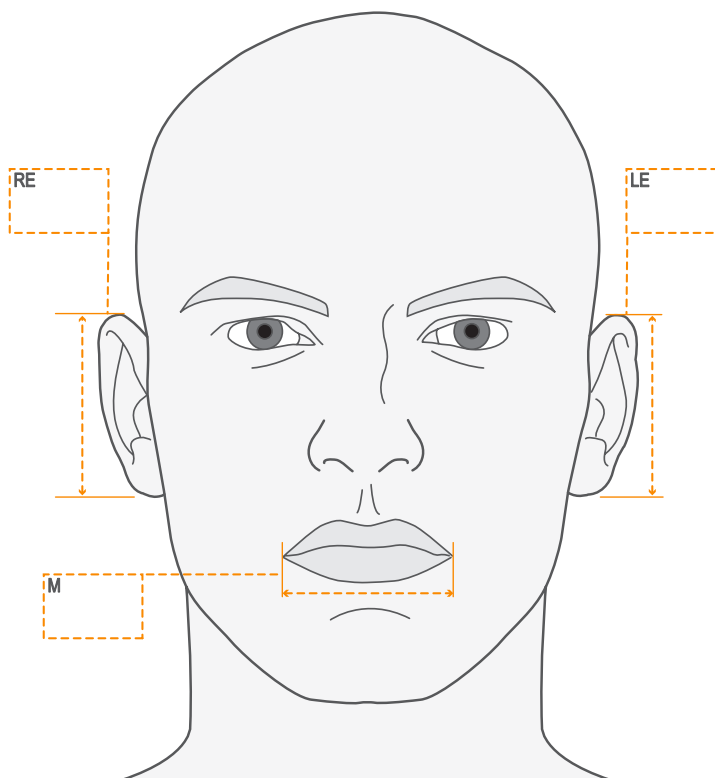
(cm)

2	Around head at chin angle to crown of head	
5	At eyebrow level around head	
6	Around neck	

### Length Measurements

Left (cm) Right (cm)

1	Corner of eye to corner of mouth		
3	Front of ear to ear around back of the head		
E	Length of ear (top of ear to base of ear)		
4	Distance from corner of eye to front of ear		
M	Width of mouth (measure in a relaxed state)		
7	Bottom lip to point of chin (contour)		
8	Bottom chin to throat finished length at neck (contour)		
9	Broadest part bottom of nose (contour)		
10	Length from base of neck to finished point of garment		



## Head Order Form

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

### Style Options

**PO 0540 - Full Face Mask:** requires all measurements

Closure:	<input type="checkbox"/> Velcro	<input type="checkbox"/> Zipper
<input type="checkbox"/> Nose covering (requires measurement A)		
Ears open:	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Ears closed: (for pressure over the ears)	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Finished edge: (at neck)	<input type="checkbox"/> Overlock	
	<input type="checkbox"/> Elastic	

**PO 1158 - Open Face Mask:** requires measurements 2,3,5-8,10

Closure:	<input type="checkbox"/> Velcro	<input type="checkbox"/> Zipper
Ears open:	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Ears closed: (for pressure over the ears)	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Finished edge: (at neck)	<input type="checkbox"/> Overlock	
	<input type="checkbox"/> Elastic	
Finished edge: (around face)	<input type="checkbox"/> Overlock	
	<input type="checkbox"/> Elastic	

**PO 0549 - Modified Chin Strap:** requires measurements: 2,5-8

Ears open:	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Ears closed: (for pressure over the ears)	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Finished edge: (at neck)	<input type="checkbox"/> Overlock	
	<input type="checkbox"/> Elastic	
Finished edge: (around face & back of head)	<input type="checkbox"/> Overlock	
	<input type="checkbox"/> Elastic	

**PO 0545 - Chin Extension Collar:** requires measurement: 6

Collar height (please specify)	_____ cm
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**PO 0017 - Head Band:** requires measurement: 5

Closure:	<input type="checkbox"/> Velcro	<input type="checkbox"/> Closed (sewn up)
Depth/width (please specify)	_____ cm	

Please note: Standard finish on this design is inverted elastic top and bottom of headband as this is shaped over the ears

### Modifications

All the following items will be an additional charge

**PO 0540 & PO 1158**

**Zippers - 1145** (tick if required)

<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> x2 Left & Right
Length: _____ cm		

**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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**Hair Covering**

Hair protective covering (inside zipper) Full Face Mask & Open Face Mask only	1185	<input type="checkbox"/>
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**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"/>