



## 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)

## Glove 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 glove 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)

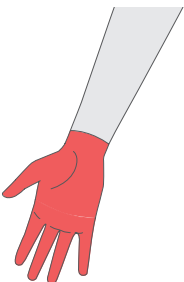
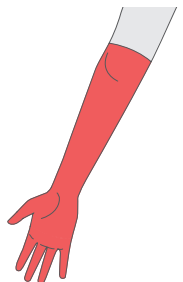
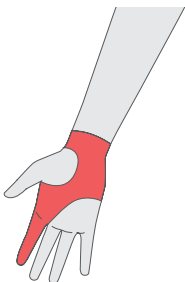
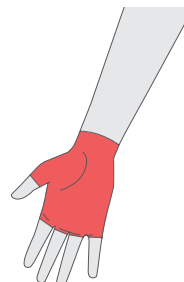
- Eucalyptus Green  Black

### 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 0535</b> Glove up to 4cm above wrist <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Open Tips <input type="checkbox"/> Closed Tips 	<input type="checkbox"/> <b>PO 0534</b> Glove 4cm above wrist to required finished length <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Open Tips <input type="checkbox"/> Closed Tips 	<input type="checkbox"/> <b>PO 0025</b> Individual Finger Sleeve Glove (One finger only) <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> <b>PO 0036</b> Interdigital Web Spacer Glove - worn over a glove <input type="checkbox"/> Left <input type="checkbox"/> Right 
--	--	--	--

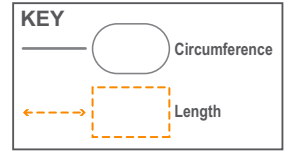
**Please use 1 form per garment.**  
(E.g. If you are ordering both right & left glove, please use two forms.)

## Glove Order Form

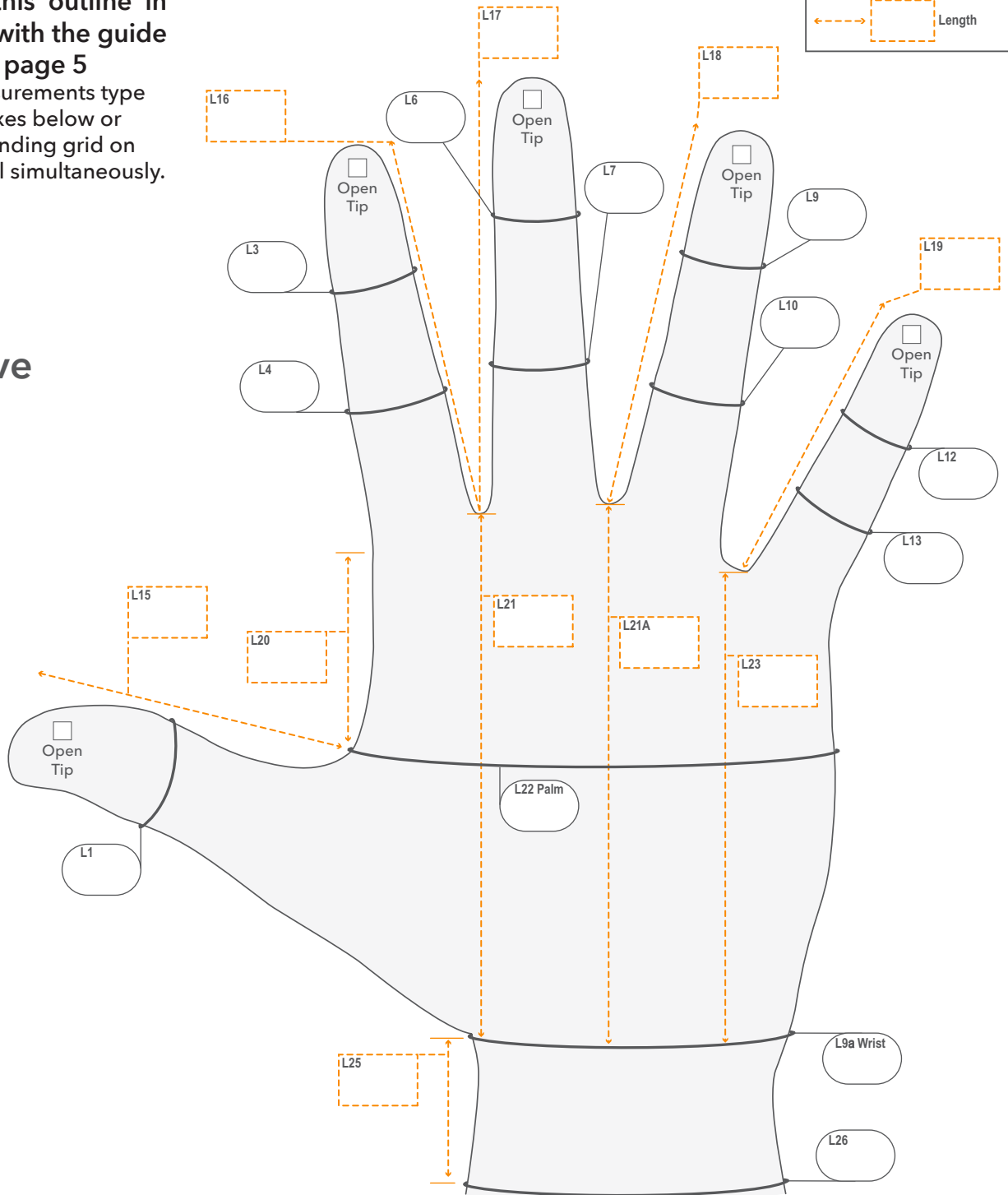
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

**Please use this outline in conjunction with the guide and grids on page 5**

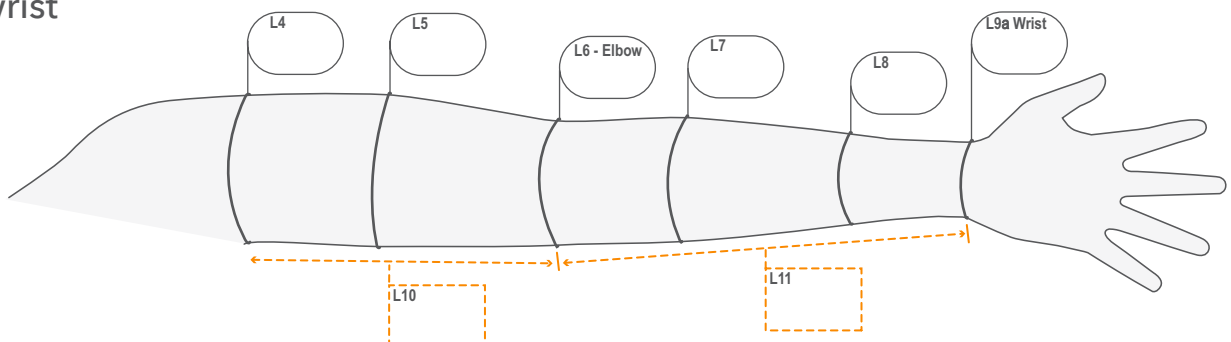
To record measurements type them in the boxes below or in the corresponding grid on page 5, both fill simultaneously.



## Left Glove



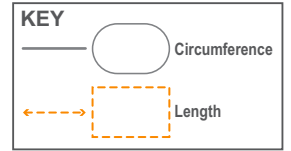
## Left Arm For Glove above wrist



**Glove Order Form**

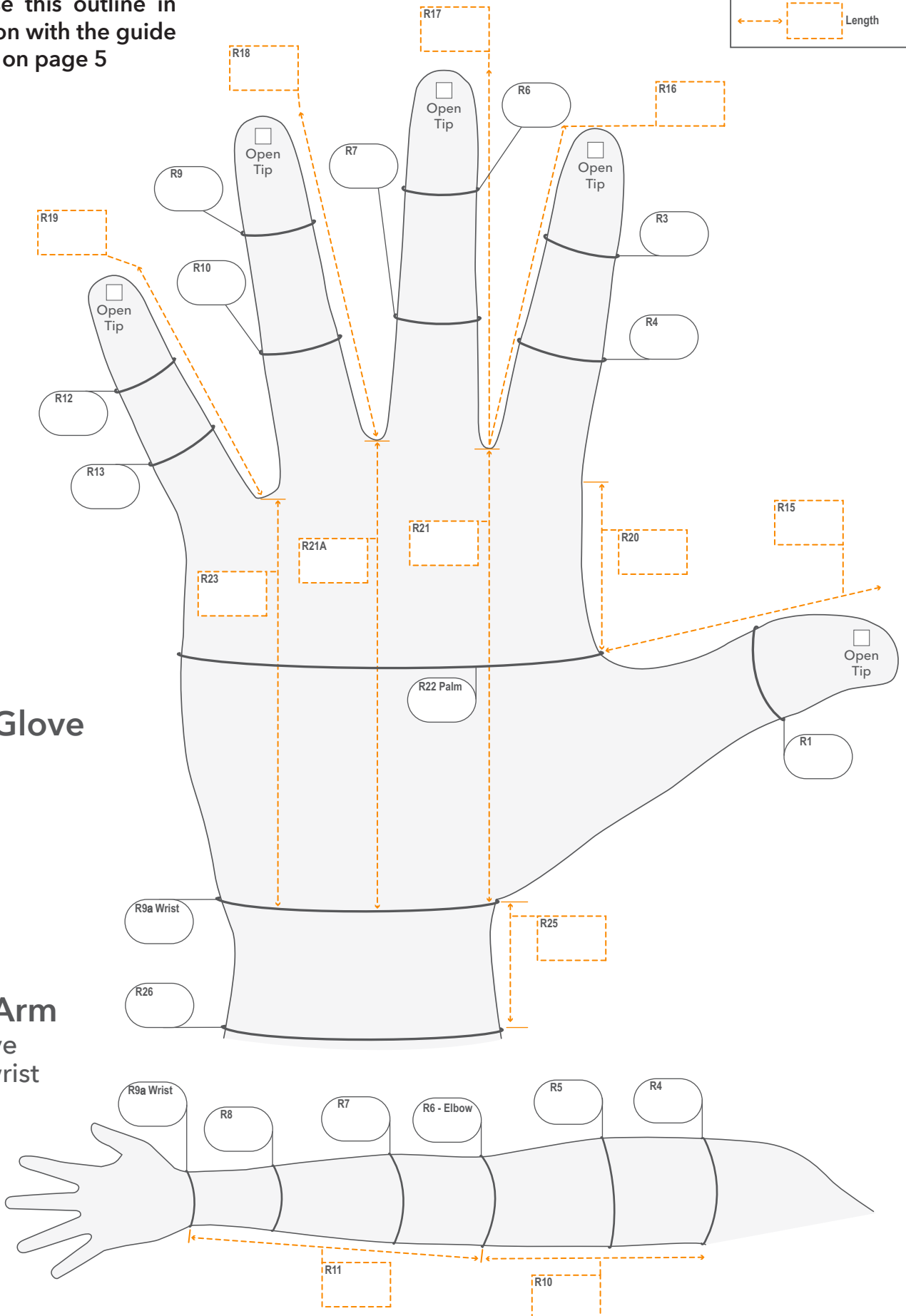
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

Please use this outline in conjunction with the guide and grids on page 5



**Right Glove**

**Right Arm  
For Glove  
above wrist**



## Glove Order Form

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

**Please note: Glove with less than 5 digits:**  
If you do not require all 5 digits to be included, please indicate by placing an 'X' in the measurement box.

Circumference Measurements		Left (cm)	Right (cm)
1	Thumb IP joint		
3	Index finger DIP		
4	Index finger PIP		
6	Middle finger DIP		
7	Middle finger PIP		
9	Ring finger DIP		
10	Ring finger PIP		
12	Little finger DIP		
13	Little finger PIP		
9a	Wrist crease		
22	Palm (ensure palm is opened out fully)		
26	Forearm at finished length or glove		

Length Measurements		Left (cm)	Right (cm)
10	From elbow joint/crease to axilla or required length		
11	From wrist crease to elbow or required length		
15	Thumb web to finished length		
16	Index finger		
17	Middle finger		
18	Ring finger		
19	Little finger		
20	Thumb web to base of index finger		
21	Wrist to 2nd web		
21a	Wrist to 3rd web		
23	Wrist to 4th web		
25	Wrist to finished length		

For PO0025 - Individual finger sleeve glove , please complete the following:  
Hand Circs = 9a, 22  
Hand Lengths = 20, 21, 21A, 23  
Circumferences and finished length of the required digit

For PO0036 - Interdigital Web Spacer , please complete the following:  
Circs = 1,4,7,9a,10,13,22  
Lengths = 15,20,21,21a,23

Open tip gloves (tick if required)		Left	Right
15	Thumb	<input type="checkbox"/>	<input type="checkbox"/>
16	Index finger	<input type="checkbox"/>	<input type="checkbox"/>
17	Middle finger	<input type="checkbox"/>	<input type="checkbox"/>
18	Ring finger	<input type="checkbox"/>	<input type="checkbox"/>
19	Little finger	<input type="checkbox"/>	<input type="checkbox"/>

**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 - for PO0534 Glove 4cm above

wrist to required finished length only		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		
9a	Wrist crease		

### Method B

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

Left (cm)	Right (cm)
	Distal Pleat

Wrist		Left (cm)	Right (cm)
	-4½		
	-3		
	-1½		
	0		
	+1½		
	+3		
	+4½		
	+6		
	+7½		

Elbow 9		Left (cm)	Right (cm)
	+10½		
	+12		
	+13½		
	+15		
	+16½		
	+18		

Axilla		Left (cm)	Right (cm)
	Proximal Pleat		

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

## Glove Order Form

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

### Style Options

Proximal elastic:	Left	Right
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"/>

### Modifications

All the following items will be an additional charge

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

Glove to wrist		
Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric
Position (please select: Ulnar, Radial, Radial Dorsal, Dorsal, Palmer)	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)

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

### Sleeve Linings

Item description	Product Code	Left	Right
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"/>

### Reinforcements

Description	Product Code	Left	Right
Reinforced palm (outside of glove for high wear area)	0021	<input type="checkbox"/>	<input type="checkbox"/>
Non-slip grip to palm (glove only)	1197	<input type="checkbox"/>	<input type="checkbox"/>

### Slant Inserts

Description	Product Code	Left	Right
Slant Inserts (a seam is sewn between the digits when additional pressure is required into the web spaces of the hand)	1169	<input type="checkbox"/>	<input type="checkbox"/>

### Silon-TEX® II Insert

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

### Pockets & Pads

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"/>