



## 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)

## Gauntlet 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 gauntlet 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)

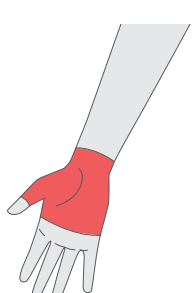
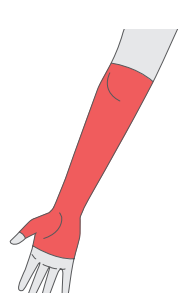
- Eucalyptus Green  Black

### 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)

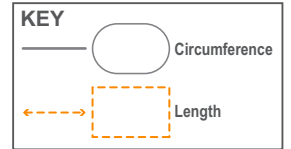
<input type="checkbox"/> <b>PO 0505</b> Gauntlet up to 4cm above wrist <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> <b>PO 0536</b> Gauntlet 4cm above wrist to required finished length <input type="checkbox"/> Left <input type="checkbox"/> Right 
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**Please use 1 form per garment.**  
(E.g. If you are ordering both right & left gauntlet, please use two forms)

## Gauntlet Order Form

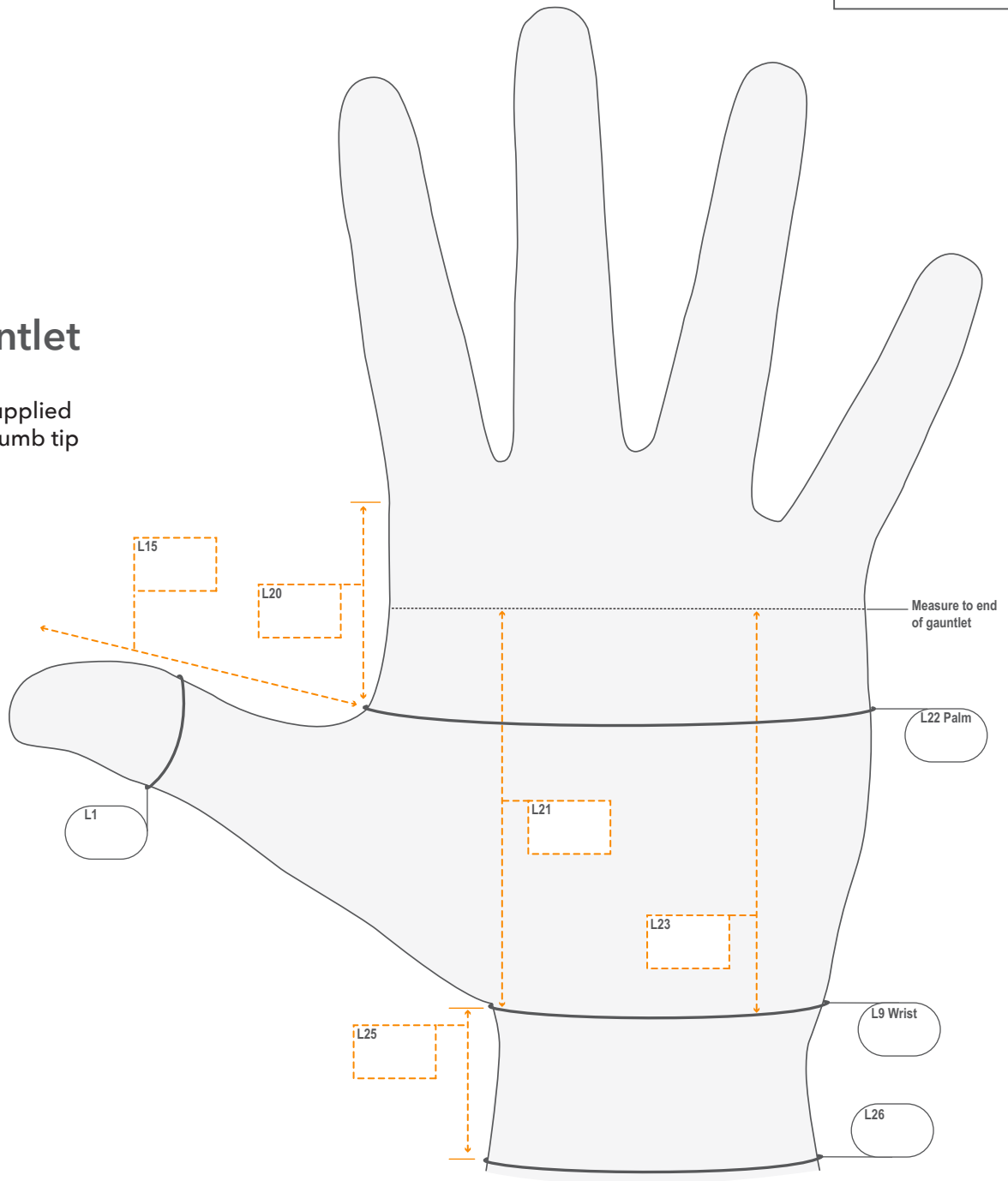
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

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

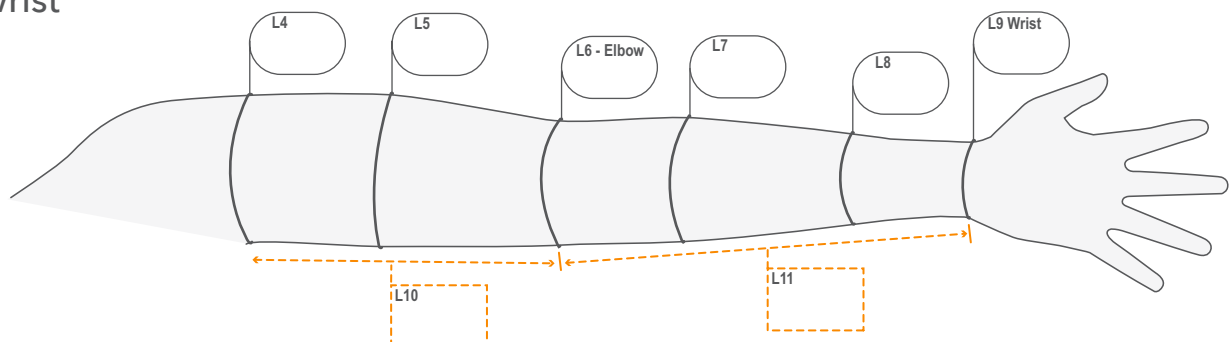


## Left Gauntlet

Gauntlets are supplied with an open thumb tip



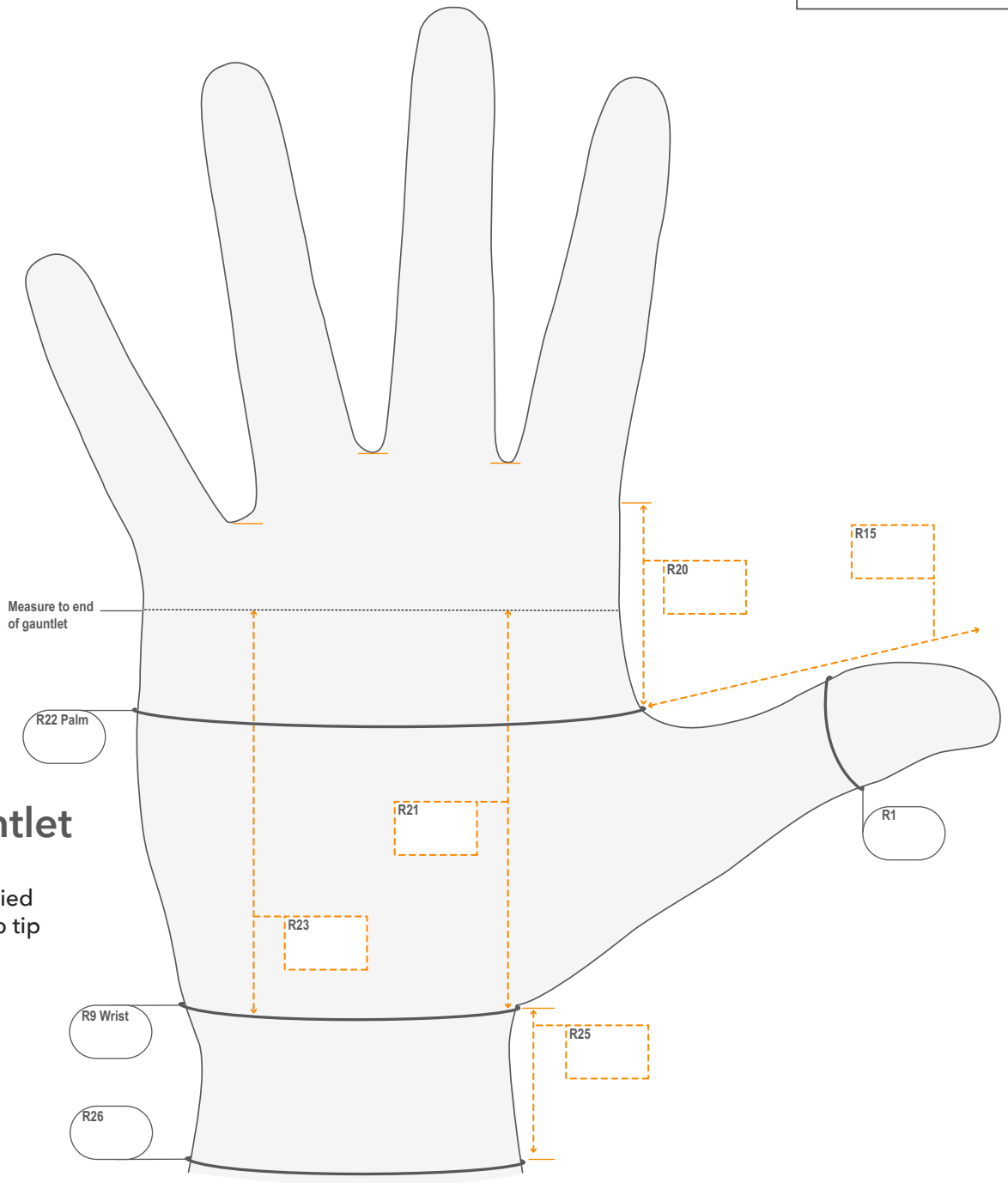
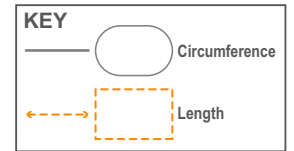
## Left Arm For Gauntlet above wrist



## Gauntlet Order Form

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

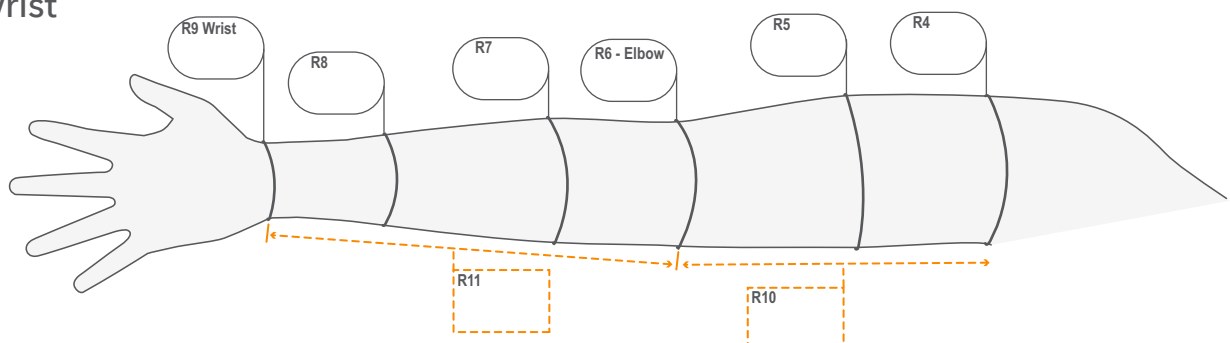
Please use this outline in conjunction with the guide and grids on page 5



## Right Gauntlet

Gauntlets are supplied with an open thumb tip

## Right Arm For Gauntlet above wrist



## Gauntlet Order Form

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

Circumference Measurements		Left (cm)	Right (cm)
1	Thumb IP joint		
9	Wrist crease		
22	Palm (ensure palm is opened out fully)		
26	Finished length		

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		
20	* Thumb web to end of gauntlet		
21	* Wrist to end of gauntlet		
23	* Wrist to end of gauntlet		
25	Wrist to finished length of gauntlet		

\* Please Note: The lengths required for this style need to be to the length required and NOT to the web spaces.

**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 crease		

### Method B

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

Left (cm)		Right (cm)
	<b>Distal Pleat</b>	

#### Wrist

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

#### Axilla

	<b>Proximal Pleat</b>	
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#### Please note:

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

## Gauntlet 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)

Gauntlet 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)

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)	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"/>

### 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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### Reinforcements

Item description	Product Code	Left	Right
Non-slip grip palm	1197	<input type="checkbox"/>	<input type="checkbox"/>

### 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 Silon-TEX® II placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	<input type="checkbox"/> Use Silon-TEX® II 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"/>