



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

Sleeve 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)

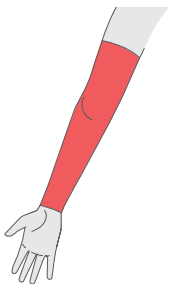
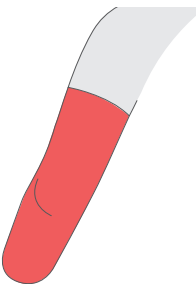
- Eucalyptus Green Black

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 0501 Sleeve <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> PO 1140 Stump Sleeve <input type="checkbox"/> Left <input type="checkbox"/> Right 
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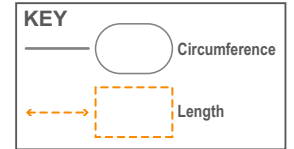
Please use 1 form per garment.
 (E.g. If you are ordering both right & left sleeve, please use two forms.)

Sleeve Order Form

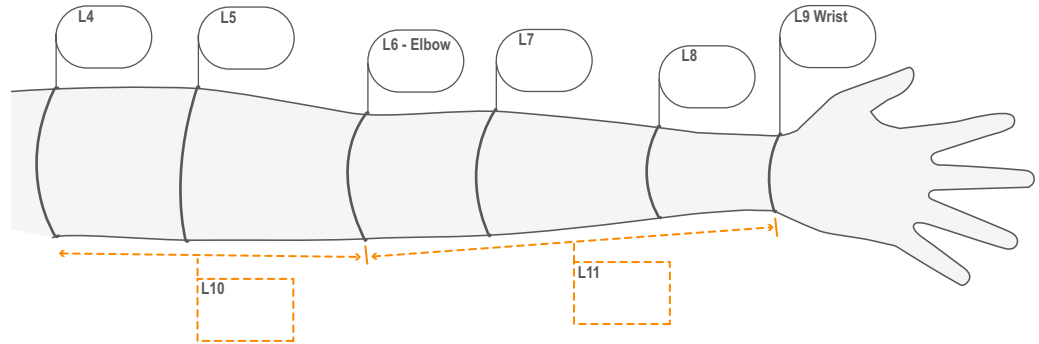
Order No.: _____ Patient Reference No.: _____

Please use this outline in conjunction with the guide and grids below

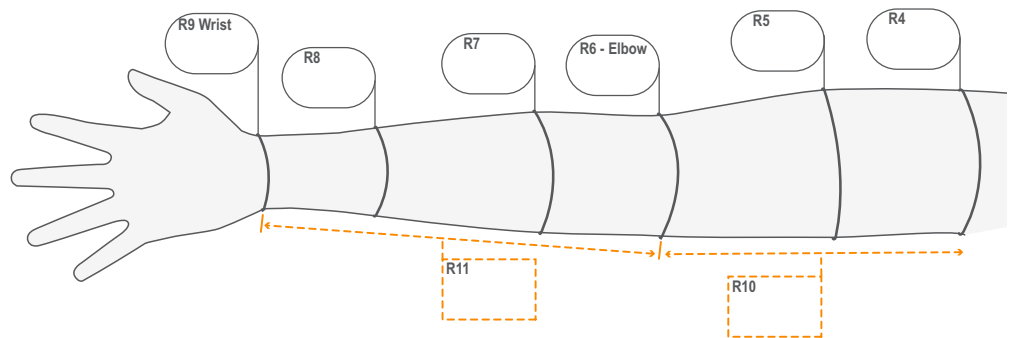
To record measurements type them in the boxes below or in the corresponding grid, both fill simultaneously.



Left Sleeve



Right Sleeve



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		

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		

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

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	

Sleeve Order Form

Order No.: _____ Patient Reference No.: _____

Style Options

Distal 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"/>
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"/>

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"/>

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"/>

Modifications

All the following items will be an additional charge

Zippers - 1145 (tick 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		
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		

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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