



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

Socks 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 socks 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)

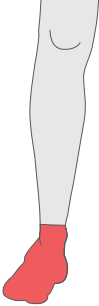
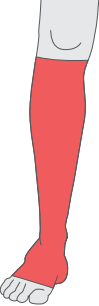
Plain Q10:

- 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:

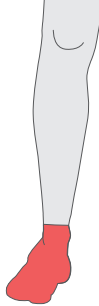
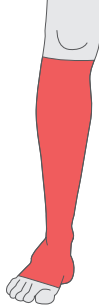
- Fairy & Castle Dinosaurs

Garment (please indicate)

<input type="checkbox"/> PO 0105 Traditional Premium Ankle Back seam design <input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> PO 0101 Traditional Premium Knee Length Sock Back seam design <input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe <input type="checkbox"/> Left <input type="checkbox"/> Right 
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Use measurement method B for PO 0105 & PO 0101

Back seam design

<input type="checkbox"/> PO 0020 New Premium Ankle Side seam design <input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> PO 0021 New Premium Knee Length Sock Side seam design <input type="checkbox"/> Open Toe <input type="checkbox"/> Closed Toe <input type="checkbox"/> Left <input type="checkbox"/> Right 
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Use measurement method A for PO 0020 & PO 0021

Side seam design

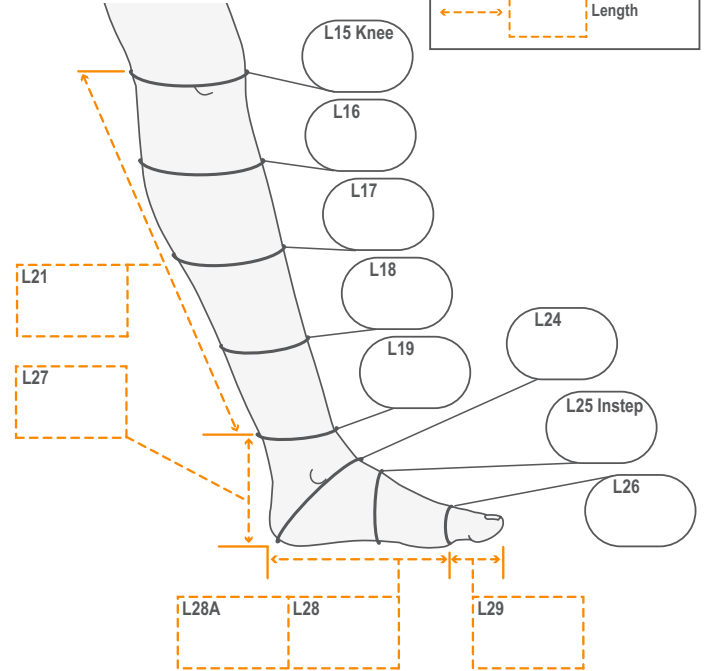
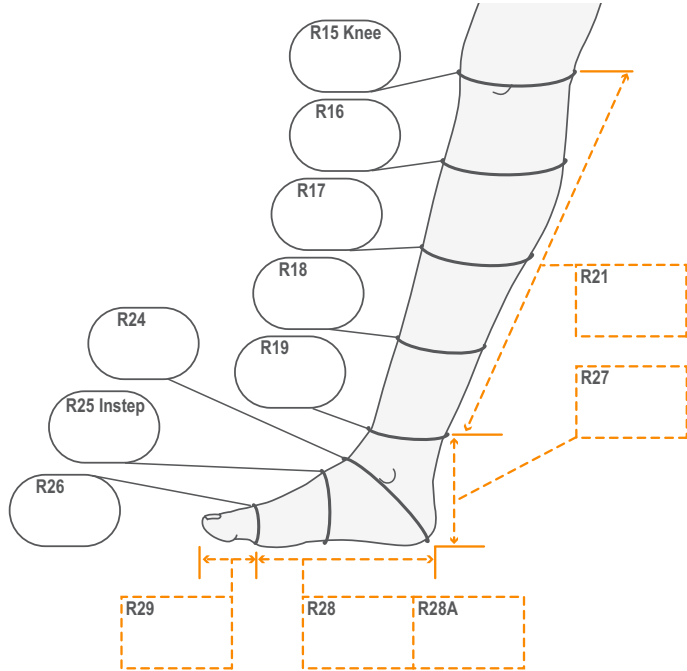
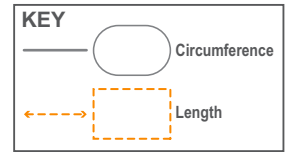
Please use 1 form per garment.
(E.g. If you are ordering both right & left sock, please use two forms)

Socks 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.



Method A - For side seam designs with traditional tape measure

		Left (cm)	Right (cm)
15	Knee joint		
16	Upper calf		
17	Mid calf		
18	Lower calf		
19	Upper margin of medial malleolus		
24	Around foot and heel under malleolus		
25	Instep or waist of foot		
26	Foot at metatarsal heads		

Length Measurements		Left (cm)	Right (cm)
21	Medial malleolus to required top of sock		
27	Upper margin medial malleolus to sole of foot		
28a	Metatarsal heads to heel (medial)		
28	From metatarsal heads to heel on lateral border		
29	Metatarsal heads to tip of toes (medial)		

Please note:
 When selecting the end of sock 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 - For back centre seam with paper tapes (no extra lengths required)

Half Leg (use GREEN paper tape for a half leg)

Left (cm)		Right (cm)
	Distal Pleat	
	Toe End	
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	Heel 0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	Knee End	
	Proximal Pleat	

Sock closed toe only

	Left (cm)	Right (cm)
Foot length required		

Socks Order Form

Order No.: _____ Patient Reference No.: _____

All Other Style Options

Proximal elastic:	Left	Right
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"/>
Ankle contracture seam (at front of ankle for shaping only)	<input type="checkbox"/>	<input type="checkbox"/>

Modifications

All the following items will be an additional charge

Zippers - 1145 (tick if required)

Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric
Position (please select: Medial, Lateral or Posterior)	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		
Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric
Position (please select: Medial, Lateral or Posterior)	Left	Right
_____	<input type="checkbox"/>	<input type="checkbox"/>
Length: _____ cm		

Reinforcements

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"/>

Toes

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"/>

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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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"/>