



## 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)

## Foot Glove Order Form

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### 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 foot 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)

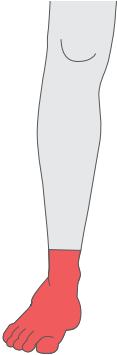
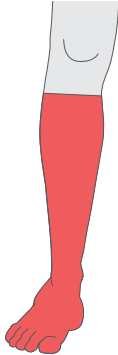
- Eucalyptus Green  Black

### Premium Q10 - Q10 cosmetic ingredient

(Zipper and thread are matching - plain colours are based on the Fitzpatrick scale)  
(No binding on Premium Q10)

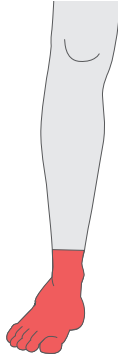
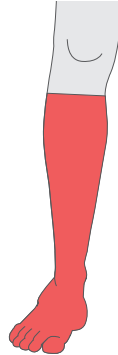
- Plain Q10:**  Type 2 (White, Fair)  Type 3 (Medium, white to Olive)  Type 4 (Olive, moderate brown)  Type 5 (Brown, dark brown)  Type 6 (Brown, very dark, brown to black)
- Printed Q10:**  Fairy & Castle  Dinosaurs

### Garment (please indicate)

<input type="checkbox"/> <b>PO 0538</b> Traditional Premium Foot Glove to Ankle <b>Back seam design</b> <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> <b>PO 0539</b> Traditional Premium Foot Glove to Knee <b>Back seam design</b> <input type="checkbox"/> Left <input type="checkbox"/> Right 
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Use measurement method B for PO 0538 & PO 0539

**Back seam design**

<input type="checkbox"/> <b>PO 0022</b> New Premium Foot Glove to Ankle <b>Side seam design</b> <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> <b>PO 0023</b> New Premium Foot Glove to Knee <b>Side seam design</b> <input type="checkbox"/> Left <input type="checkbox"/> Right 
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Use measurement method A for PO 0022 & PO 0023

**Side seam design**

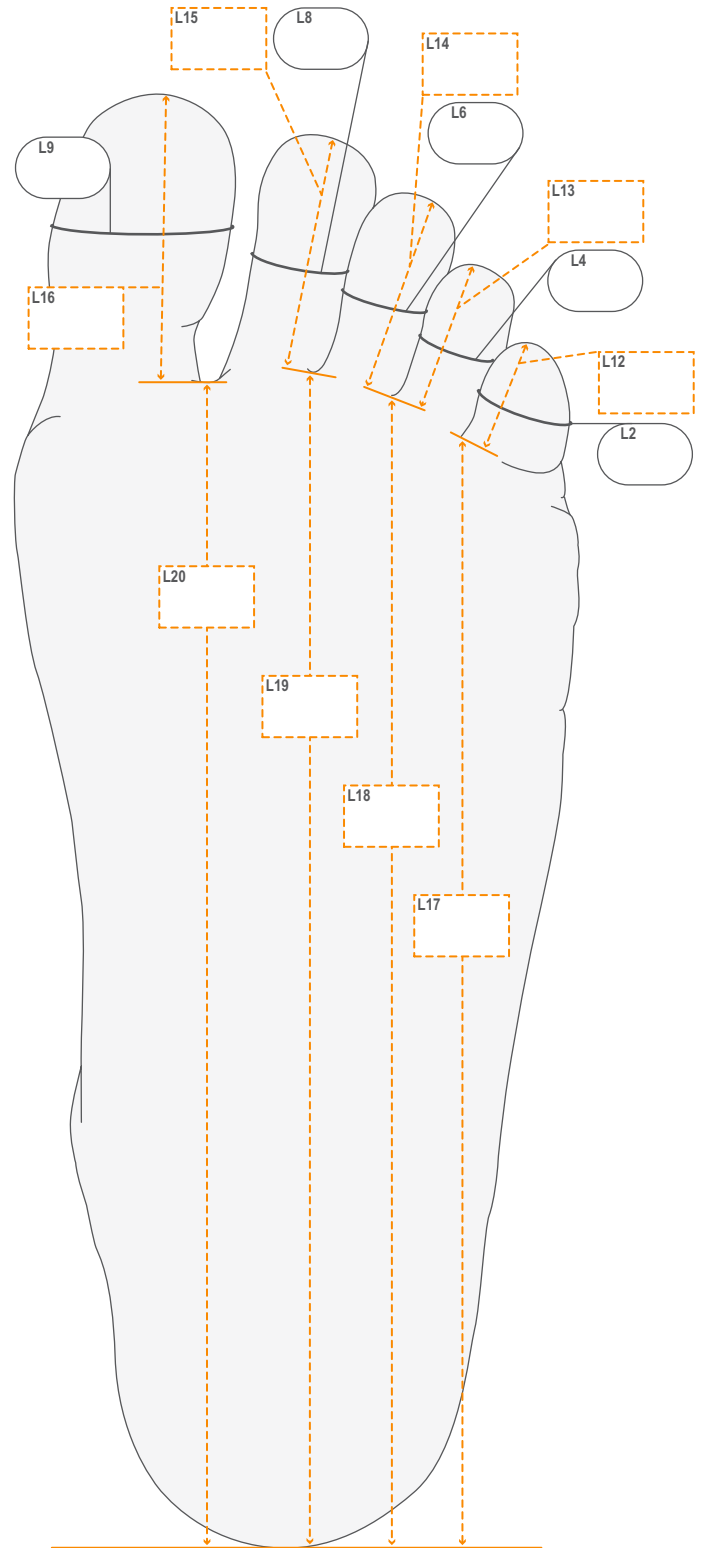
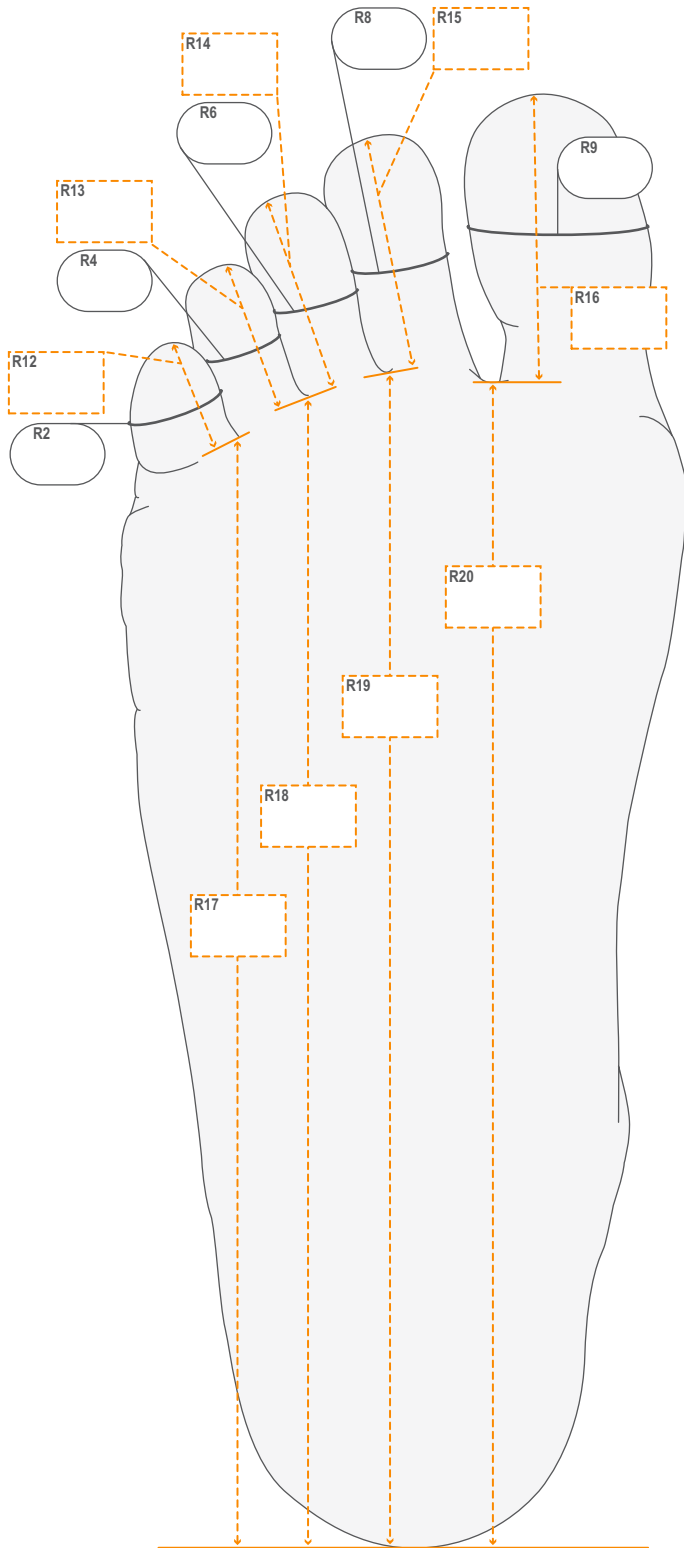
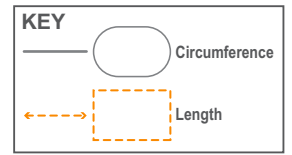
**Please use 1 form per garment.**  
(E.g. If you are ordering both right & left sock, please use two forms.)

## Foot Glove 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 on page 4, both fill simultaneously.

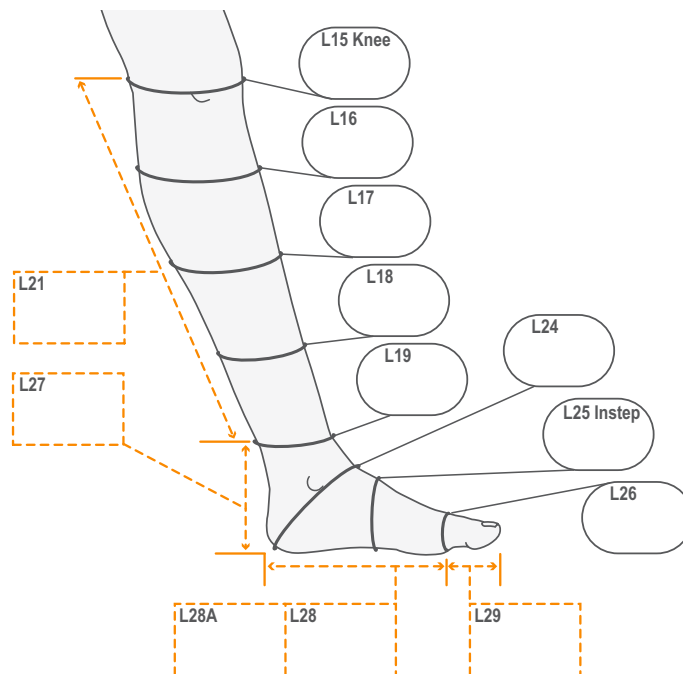
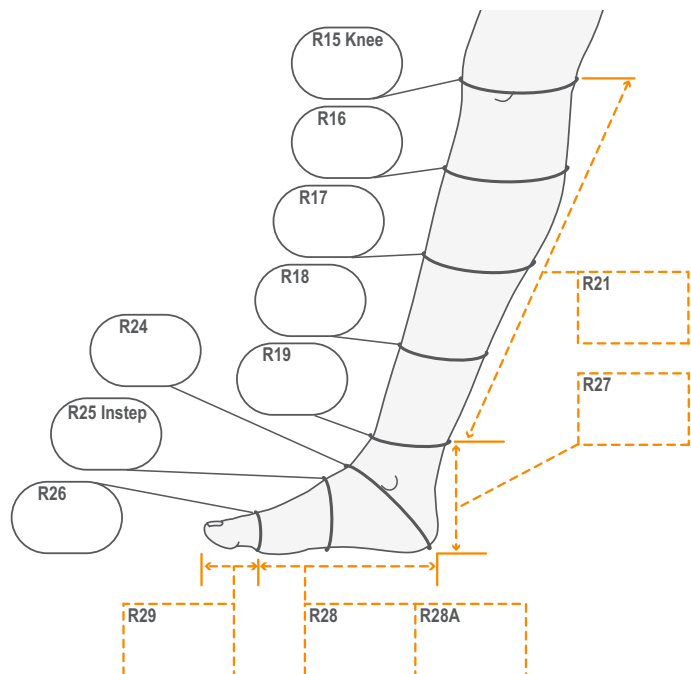
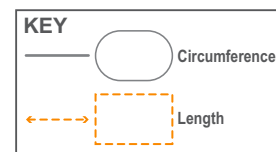


## Foot Glove Order Form

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.



### Circumference Measurements

		Left (cm)	Right (cm)
2	Fifth toe PIP joint		
4	Fourth toe PIP joint		
6	Third toe PIP joint		
8	Second toe PIP joint		
9	Big toe PIP joint		

### Length Measurements

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

Length measurements below are linear and should be taken from a foot outline tracing, unless the toes are contracted.

### Length Measurements

		Open Toes (tick if required)	Left (cm)	Right (cm)
12	Fifth toe to web between fifth and fourth toes	<input type="checkbox"/>		
13	Fourth toe to web between fourth and third toes	<input type="checkbox"/>		
14	Third toe to web between third and second toes	<input type="checkbox"/>		
15	Second toe to web between third and second toes	<input type="checkbox"/>		
16	Big toe length	<input type="checkbox"/>		
17	Heel to web between fifth and fourth toes			
18	Heel to web between fourth and third toes			
19	Heel to web between third and second toes			
20	Heel to web between second and big toe			

### 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		

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

## 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)
	<b>Distal Pleat</b>	
	<b>Toe End</b>	
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	<b>Heel 0</b>	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	<b>Knee End</b>	
	<b>Proximal Pleat</b>	

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

	Left (cm)	Right (cm)
Foot length required		

### 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)	<input type="checkbox"/> Left	<input type="checkbox"/> Right
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)	<input type="checkbox"/> Left	<input type="checkbox"/> Right
Length: _____ cm		

#### Reinforcements

Item description	Product Code	Left	Right
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"/>

#### Slant Inserts

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"/>
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#### 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"/>