



## 505 Hand Order Form

All fields are required in order to process your order

### Order Details

Date: \_\_\_\_\_ Date Required: \_\_\_\_\_  
 Order No.: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Contact Phone No.: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Hospital/Clinic: \_\_\_\_\_  
 Delivery Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

### Patient Details

Patient Reference No.: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Please indicate:  Male  Female  
 Please indicate:  New Patient  Existing Patient  
 Diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Fabrics

**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

### Zips

Colour Matching  Leopard  Camouflage  Galaxy  Rainbow  Tribe

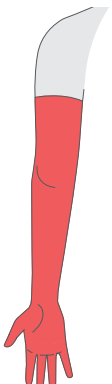
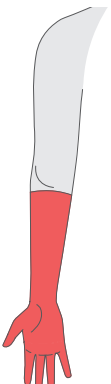
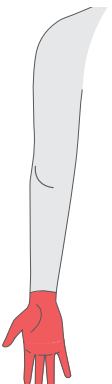
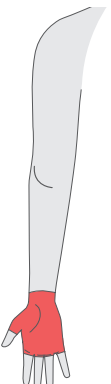
### Bindings

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

**Garment** - please indicate quantity of garments required in the boxes below, i.e.  2

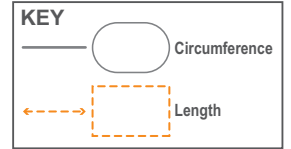
<input type="checkbox"/> <b>0533</b> Glove to Axilla <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> <b>0534</b> Glove to Elbow <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> <b>0535</b> Glove to Wrist <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> <b>0536</b> Interdigital Web Spacer <input type="checkbox"/> Left <input type="checkbox"/> Right 
--	---	---	--

When completed, please click: [customerservice@jobskin.co.uk](mailto:customerservice@jobskin.co.uk) to email your electronic order form

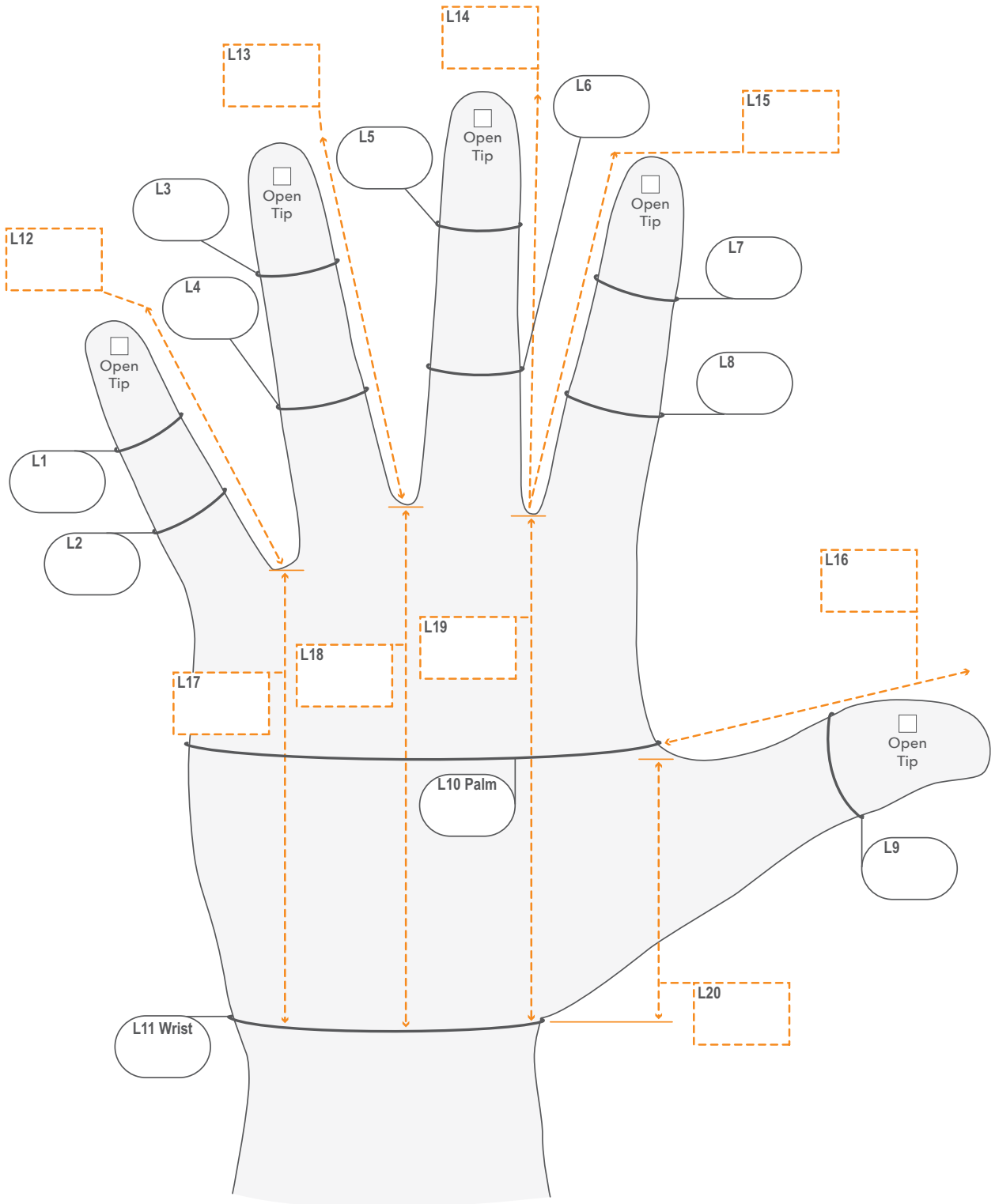
Please download your electronic forms directly from our website - [www.jobskin.co.uk/file-download](http://www.jobskin.co.uk/file-download)

505 Hand Order Form

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

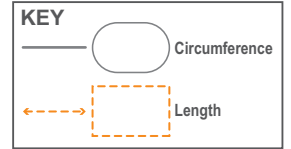


## Left Dorsal View

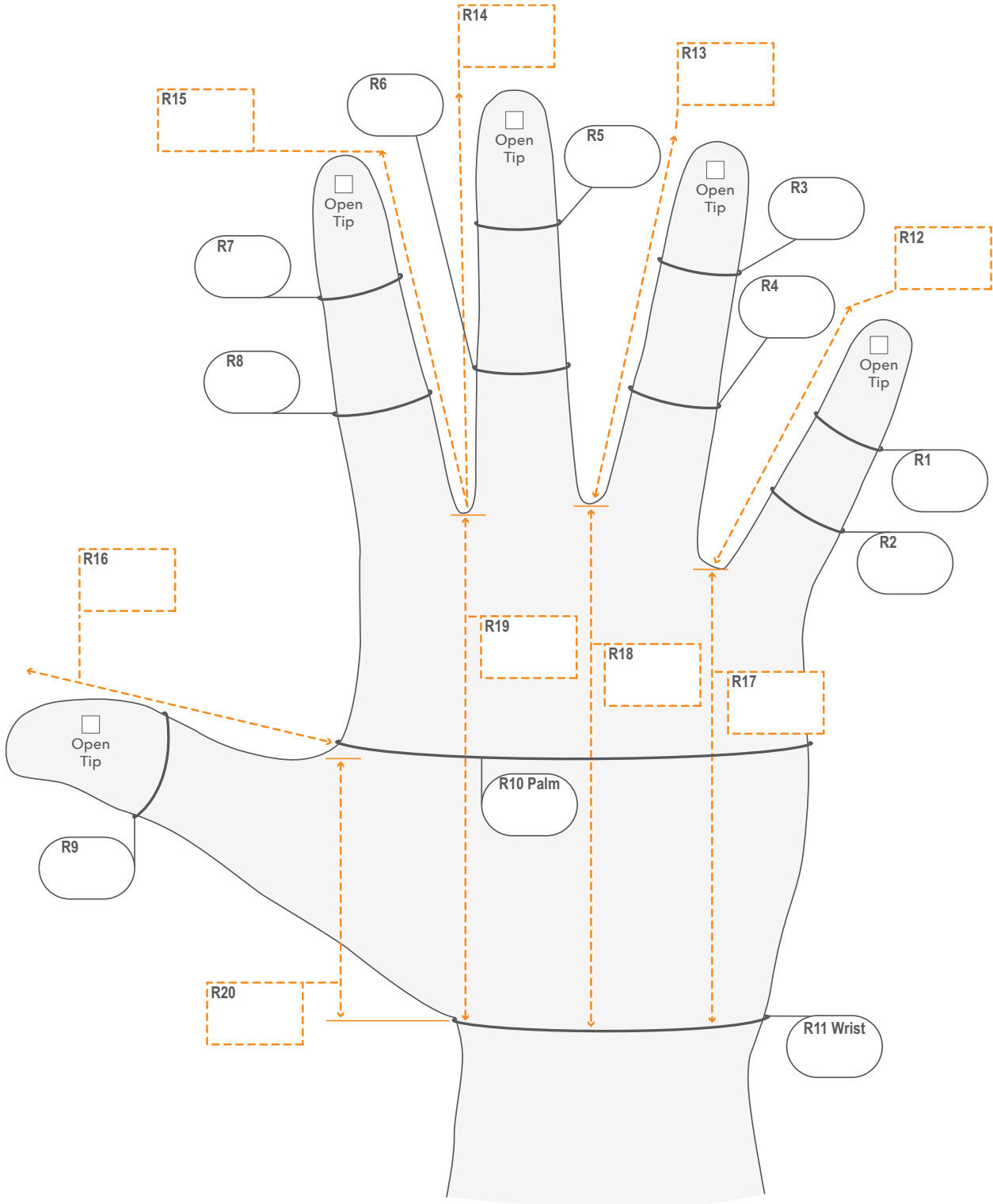


505 Hand Order Form

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



## Right Dorsal View



## 505 Hand Order Form

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

Note: Only measure digits required to be included in the glove.

### Circumference Measurements

Open Tips  
(Tick if required) Left (cm) Right (cm)

			Left (cm)	Right (cm)
1	Little finger DIP joint	<input type="checkbox"/>		
2	Little finger PIP joint			
3	Ring finger DIP joint	<input type="checkbox"/>		
4	Ring finger PIP joint			
5	Middle finger DIP joint	<input type="checkbox"/>		
6	Middle finger PIP joint			
7	Index finger DIP joint	<input type="checkbox"/>		
8	Index finger PIP joint			
9	Thumb IP joint	<input type="checkbox"/>		
10	Palm			
11	Wrist Crease - Place the tape around the wrist between the Ulnar Styloid Process and the base of the hand			
	3.8cm beyond Wrist			
	7.6cm beyond Wrist			

Measurements 12 - 20 are linear and should be taken on the back of the hand or from a hand outline tracing.

Measure the length of the digit from the highest point of the web to the finger tips for closed tips or the required finished length for open tips. Alternatively transfer lengths from a hand outline tracing.

### Length Measurements

Left (cm) Right (cm)

		Left (cm)	Right (cm)
12	Little finger to web between little finger and ring finger		
13	Ring finger to web between ring finger and middle finger		
14	Middle finger to web between middle finger and index finger		
15	Index finger to web between middle finger and index finger		
16	Thumb to thumb web		

Measure: wrist crease to web spaces for measurements 17 - 20

		Left (cm)	Right (cm)
17	Wrist to web between little and ring finger		
18	Wrist to web between middle and ring finger		
19	Wrist to web between index and middle finger		
20	Wrist to thumb web		

### Modifications (tick if required)

Item description	Product Code	Left	Right
Reinforced Palm	0021	<input type="checkbox"/>	<input type="checkbox"/>
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas)	0027	<input type="checkbox"/>	<input type="checkbox"/>
		Use Silon-TEX II placement pad to mark position	
Short zipper (<20cm)	1164	<input type="checkbox"/>	<input type="checkbox"/>
Long zipper (>20cm)	1165	<input type="checkbox"/>	<input type="checkbox"/>
Slant Inserts (A seam is sewn between the digits when additional pressure is required into the web spaces of the hand, not thumb)	1169	<input type="checkbox"/>	<input type="checkbox"/>

### Arm Measurements (from PINK paper tape)

Left (cm) Right (cm)

Left (cm)	Distal Pleat	Right (cm)

#### Wrist

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

#### Axilla

	Proximal Pleat	

### Zipper Options (tick if required)

Left Right

<input type="checkbox"/> Dorsal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ulnar (standard)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Palmer	<input type="checkbox"/>	<input type="checkbox"/>

### Specific Instructions