



PCP04 & PCP05 Suit 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.: _____
Is this their first SDO*? No Yes
First Name: _____
Surname: _____
Date of Birth: _____
Diagnosis: _____

Contact me about my order via: Email Phone
Attached with order: Images Consent form*
*(Signed consent form must be supplied when providing patient images)

Clinician Number: _____

PCP04 SDO® Body Suit with 5 Panels or more

(Please tick to indicate the garment you want to order)

PCP05 SDO® Body Suit with 0-4 Panels

Specifications

Sleeves: No sleeves Short sleeves Long sleeves
Legs: Short legs Long legs
Crotch: Open crotch Closed crotch
Gastrostomy site: No Yes (Please mark position at first fitting only, if a gastro opening is required, the garment will be supplied without front zip)
Poppers: Crotch Inside leg Shoulders (Sleeveless only)
Soft Binding: Yes (Soft binding will be applied to neck and crotch only, in complementing colour or theme if selected)

Zip Position (please specify)

Front: No zip Closed Open Upside down Reflux / Abdominal Zip
Back: No zip Closed Open Upside down
Sleeves: No zip Full length Back Mid forearm
Legs: No zip Outside leg Inside: upside down Inside: to front of seam
Extra Zip Strips: Body Pair of limbs

Themes

1 Spaceman 2 Astronaut 3 Footballer 4 Striker 5 Goalie 6 Noir
 7 Silver Aztec 8 Pink Aztec 9 Leopard Flower 10 Lavender 11 Daisy 12 Ultraviolet
 13 Mermaid 14 Starlight 15 Marshmallow 16 Tribal 17 Blue Frenchie 18 Fawn Frenchie
 19 Cadet 20 Lance Corporal 21 Pilot Officer 22 Admiral 23 Major 24 General

Please select one of the themes above, your garment will be manufactured according to the theme selected. Alternatively, select a plain coloured garment below. Without either a theme or plain garment selection, we cannot proceed with your order.

Plain Coloured Garments (Base fabric, panels, binding and thread are all the same colour)

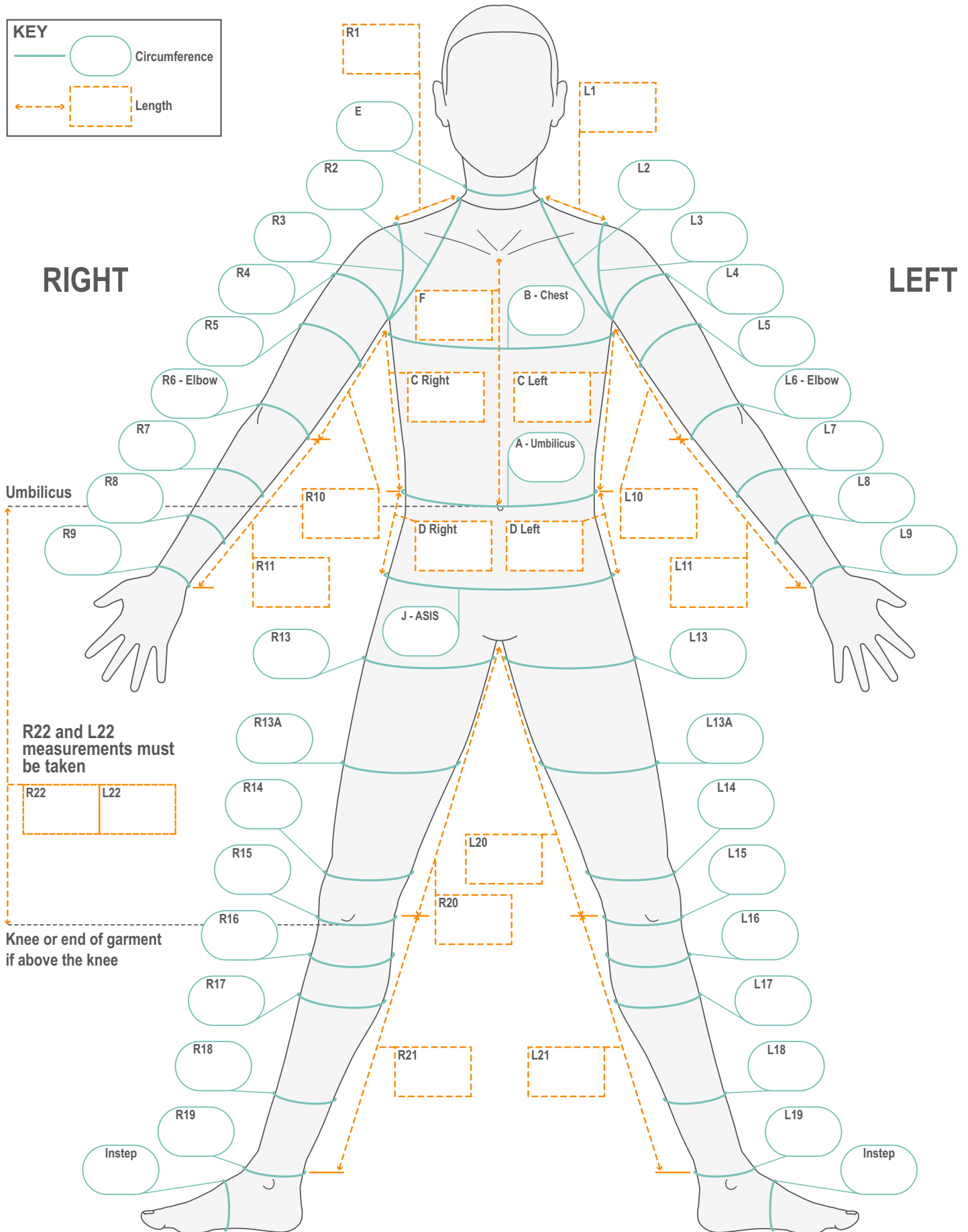
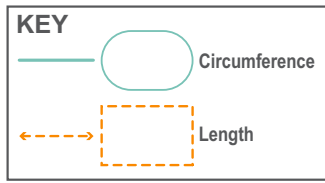
White Beige Pink Black Navy Blue/Black*
*Navy base fabric, black panels, binding & thread

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

Suit Order Form

Order No.: _____ Patient Reference No.: _____



Important: Please make sure when measuring for an SDO® garment that the patient is measured lying down, supine and in the best position of alignment.

Suit Order Form

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Important: Please make sure when measuring for an SDO® garment that the patient is measured lying down, supine and in the best position of alignment.

Circumference Measurements (C)



Left (cm) Right (cm)

A	C	Level with umbilicus, 10mm less than 'at rest' circumference		
B	C	Level with chest in line with the axillary crease		
E	C	Base of the neck		
J	C	Level with Anterior Superior Iliac Spine (ASIS)		
2	C	Shoulder joint from base of the neck (at point where neck meets shoulder below ear lobe), under the axilla and back to the same point. (Scapula set against the chest wall and the arm by the side of the body). One should be able to slide a finger under the tape measure at the front of the axilla		
3	C	Shoulder joint acromion process under the axilla and back to the same point. (Scapula set against the chest wall and the arm by the side of the body). One should be able to slide a finger under the tape measure at the front of the axilla		
4	C	Upper arm level with axilla. Arm should be by the side		
5	C	Mid upper arm level with muscle bulk of biceps, 5mm less than 'at rest' circumference		
6	C	Elbow joint with arm extended or end of sleeve		
7	C	Forearm level where muscle bulk is greatest, 5mm less than 'at rest' circumference		
8	C	Forearm at musculotendinous junction (approximately 1/3 of forearm up from the wrist)		
9	C	Wrist level with wrist crease or end of sleeves		
13	C	Leg level with the groin and gluteal fold		
13A	C	Mid-thigh level with muscle bulk, 5mm less than 'at rest' circumference		
14	C	Above knee at suprapatellar margin or end of shorts		
15	C	Level with knee joint (in line with mid patella)		
16	C	Below knee at upper margin of tibial tuberosity		
17	C	Level with bulk of calf, 5mm less than 'at rest' circumference		
18	C	Level with mid-lower leg, at point of musculotendinous junction		
19	C	Ankle level with upper margin of medial malleolus		
Instep	C	Around instep or waist of the foot (only if stirrup required)		

Length Measurements (L)



Left (cm) Right (cm)

C	L	Point level with axillary crease measure down side to a point level with umbilicus		
D	L	Point level with umbilicus to Anterior Superior Iliac Spine (ASIS) on anterior surface		
F	L	Below sternal notch to umbilicus on the anterior surface of the chest with the ribs held in best position of alignment. This measurement dictates the scoop of the neck at the front		
10	L	Axilla to cubital crease on the medial border or to end of short sleeve		
11	L	Point level with the cubital crease to wrist crease or end of long sleeve along ulnar border of forearm		
20	L	Inside leg groin to knee or end of SDO®		
21	L	Knee joint in line with mid-patella to upper margin of medial malleolus - measured on medial border		
22*	L	Point level with umbilicus on anterior surface to knee or end of garment if above knee		

***Note: Measurements R22 and L22 must be taken. Without this, we are unable to process your order**

Length Measurement for Sleeveless Suits (L)



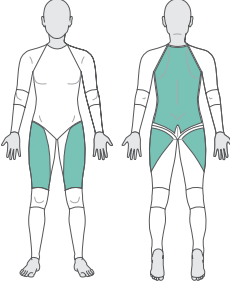
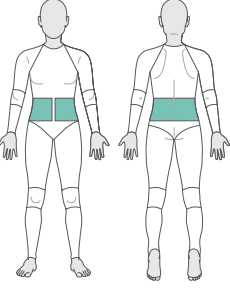
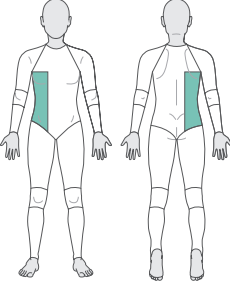
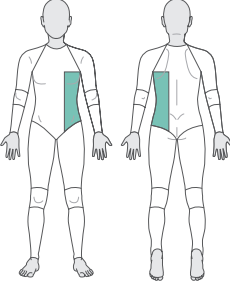
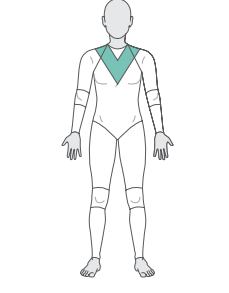
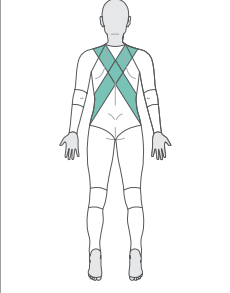
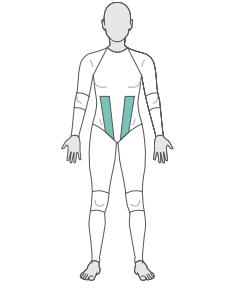
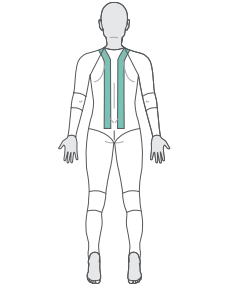
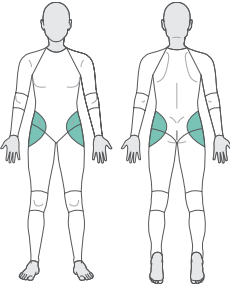
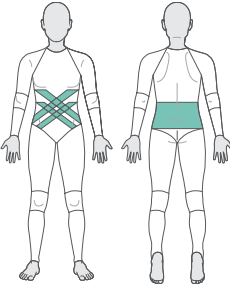
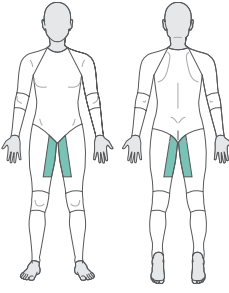
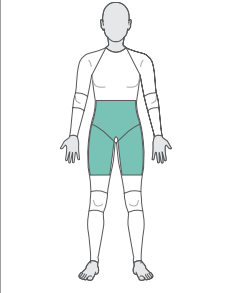
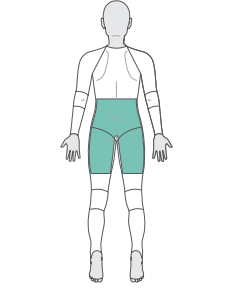
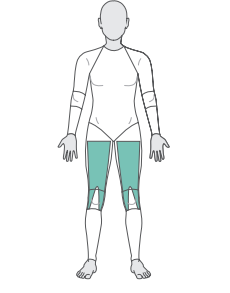
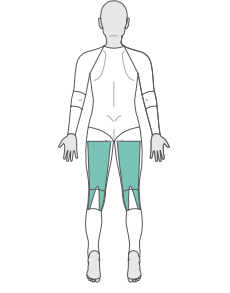
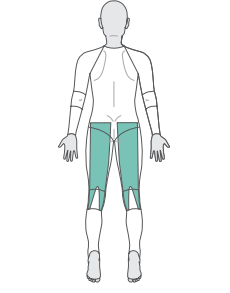
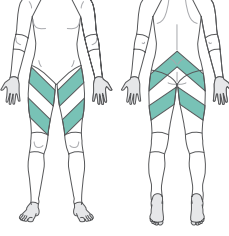
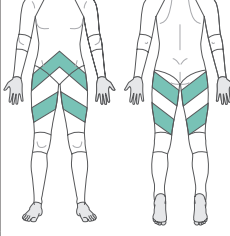
Left (cm) Right (cm)

1	L	Acromion to base of neck or width required for Sleeveless Suit		
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Suit Order Form

Order No.: _____ Patient Reference No.: _____

Reinforcement Panels (Please specify)

<p>Standard Panels</p> <p>To assist hip external rotation and back extension</p> <p>SP</p> <p>Std panels included with Suits. Type NO if no panels are required _____</p>  <p>Anterior Posterior</p>	<p>Lumbar Panels</p> <p>To assist postural control</p> <p><input type="checkbox"/> LP</p> <p>Extend to _____ cms above umbilicus</p>  <p>Anterior Posterior</p>	<p>Lateral Trunk Panels</p> <p>To correct left lateral flexion</p> <p><input type="checkbox"/> TPL</p>  <p>Anterior Posterior</p>	<p>Lateral Trunk Panels</p> <p>To correct right lateral flexion</p> <p><input type="checkbox"/> TPR</p>  <p>Anterior Posterior</p>	<p>Chest Panels</p> <p>To assist protraction of the scapulae</p> <p><input type="checkbox"/> CP1</p>  <p>Anterior</p>	<p>Cross Panels</p> <p>To assist retraction of the scapulae and back extension</p> <p><input type="checkbox"/> CP2</p>  <p>Posterior</p>
<p>Abdominal Panels</p> <p>To resist lordosis</p> <p><input type="checkbox"/> AP</p>  <p>Anterior</p>	<p>Back Panels</p> <p>To resist kyphosis</p> <p><input type="checkbox"/> BP</p>  <p>Posterior</p>	<p>Hip Panels</p> <p>To assist hip control and external rotation</p> <p><input type="checkbox"/> HP</p>  <p>Anterior Posterior</p>	<p>Oblique Panels</p> <p>To assist activation of oblique muscles</p> <p><input type="checkbox"/> OP</p>  <p>Anterior Posterior</p>	<p>Medial Upper Leg Panels</p> <p>To assist adduction and internal rotation</p> <p><input type="checkbox"/> ULM</p>  <p>Anterior Posterior</p>	<p>Pelvic Panels</p> <p>To resist posterior tilt</p> <p><input type="checkbox"/> APP</p>  <p>Anterior</p>
<p>Pelvic Panels</p> <p>To resist anterior tilt and encourage hip extension</p> <p><input type="checkbox"/> PPP</p>  <p>Posterior</p>	<p>Leg Panels</p> <p>To assist knee extension</p> <p>Long leg only</p> <p><input type="checkbox"/> KE</p>  <p>Anterior</p>	<p>Leg Panels</p> <p>To assist knee flexion</p> <p>Long leg only</p> <p><input type="checkbox"/> KF</p>  <p>Posterior</p>	<p>Leg Panels</p> <p>To assist hip extension</p> <p><input type="checkbox"/> HE</p>  <p>Posterior</p>	<p>External Rotation Panels</p> <p>To assist external rotation at the hips</p> <p><input type="checkbox"/> ERP</p> <p>If hips windswept, please indicate which side:</p> <p><input type="checkbox"/> L <input type="checkbox"/> R</p>  <p>Anterior Posterior</p>	<p>Internal Rotation Panels</p> <p>To assist internal rotation at the hips</p> <p><input type="checkbox"/> IRP</p> <p>If hips windswept, please indicate which side:</p> <p><input type="checkbox"/> L <input type="checkbox"/> R</p>  <p>Anterior Posterior</p>

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Order No.: _____ Patient Reference No.: _____

Scoliosis Reinforcement Panels (Please specify)

S-Shape Scoliosis Panels To assist correction of right thoracic and left lumbar curves <input type="checkbox"/> SPL Posterior	S-Shape Scoliosis Panels To assist correction of left thoracic and right lumbar curves <input type="checkbox"/> SPR Posterior	C-Shape Scoliosis Panels To assist correction of right thoracic curve <input type="checkbox"/> CPL Posterior	C-Shape Scoliosis Panels To assist correction of left thoracic curve <input type="checkbox"/> CPR Posterior	C-Shape Scoliosis Panels To assist correction of right lumbar curve <input type="checkbox"/> Low CPL Posterior	C-Shape Scoliosis Panels To assist correction of left lumbar curve <input type="checkbox"/> Low CPR Posterior
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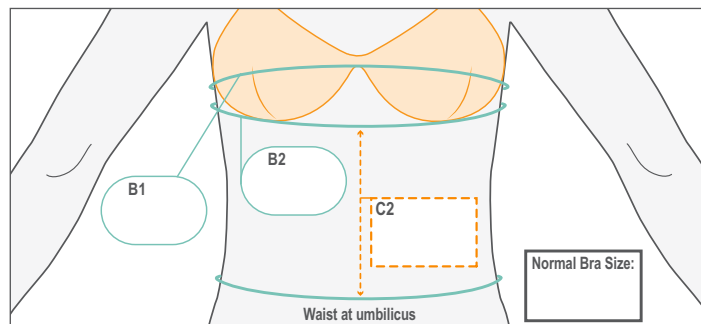
Optional Scoliosis Measurements Left (cm) Right (cm)

L	Drop from axilla down to centre point of first panel		
L	Waist up to centre point of second panel		
L	Drop from hip to centre point of last panel		

Optional Scoliosis Measurements (cm)

L	Width of panel *		
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* NOTE: Paediatrics - width of panel must be between 4-10cm
Adults - width of panel must be between 6-12cm

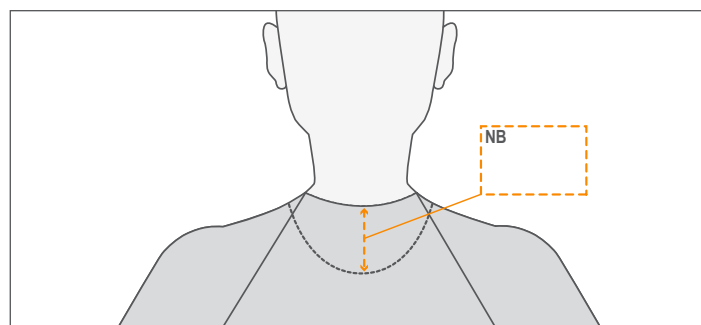


Measurements for Bra Vest (cm)

B1	C	Overbust circumference	
B2	C	Underbust circumference	

C2	L	Length from underbust to waist	
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Normal bra size	
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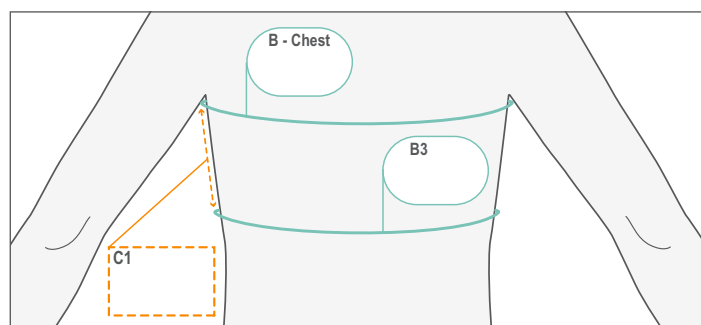
Back Scoop Neckline Options (cm)

NB	L	Neckline scoop length at back	
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For neckline scoop at front, see F measurement

Style Options

V Neck Round Neck



Measurements for Rib Flare (cm)

B	C	Circumference level with chest in line with the axillary crease	
B3	C	Rib flare circumference at widest part	

C1	L	Length from axilla to rib flare at widest part	
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