



PCP06, PCP07, PCP12, PCP13 & PCP14 Glove, Gauntlet and Sleeve 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:

Specifications

Glove: Below elbow Above elbow
Gauntlet: Below elbow Above elbow
Sleeve:
Silicone Edging: No Yes
Silicone On Palm: No Yes

Zips (please specify)

No zip Below elbow Above elbow Full length closed Open ended
 Mid forearm Back Ulnar side

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.

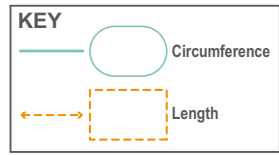
Plain Coloured Garments (Base fabric, panels, binding and thread are all the same colour)

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

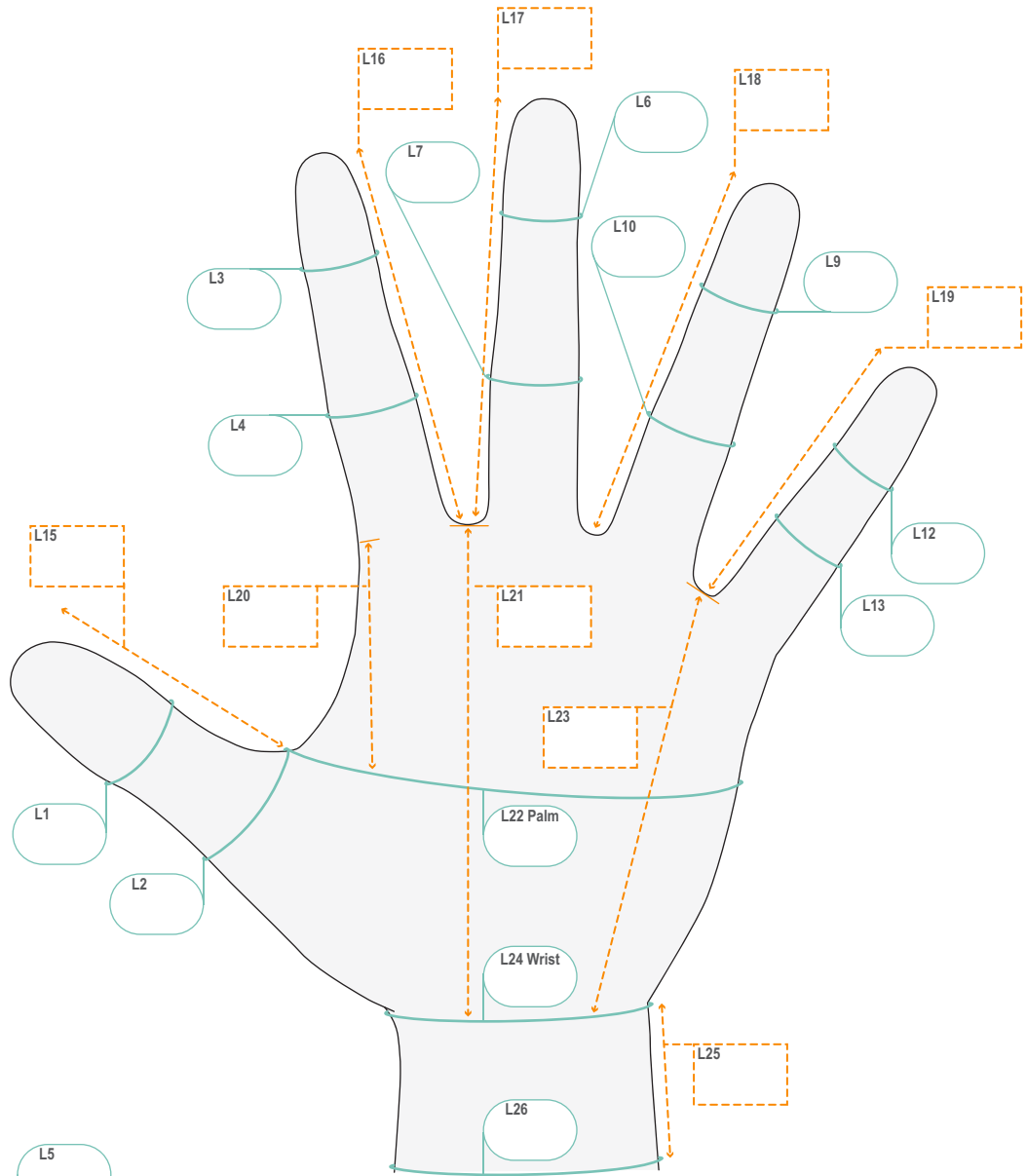
When completed, please click: customerservice@jobskin.co.uk to email your electronic order form

Please download your electronic forms directly from our website - www.jobskin.co.uk/file-download

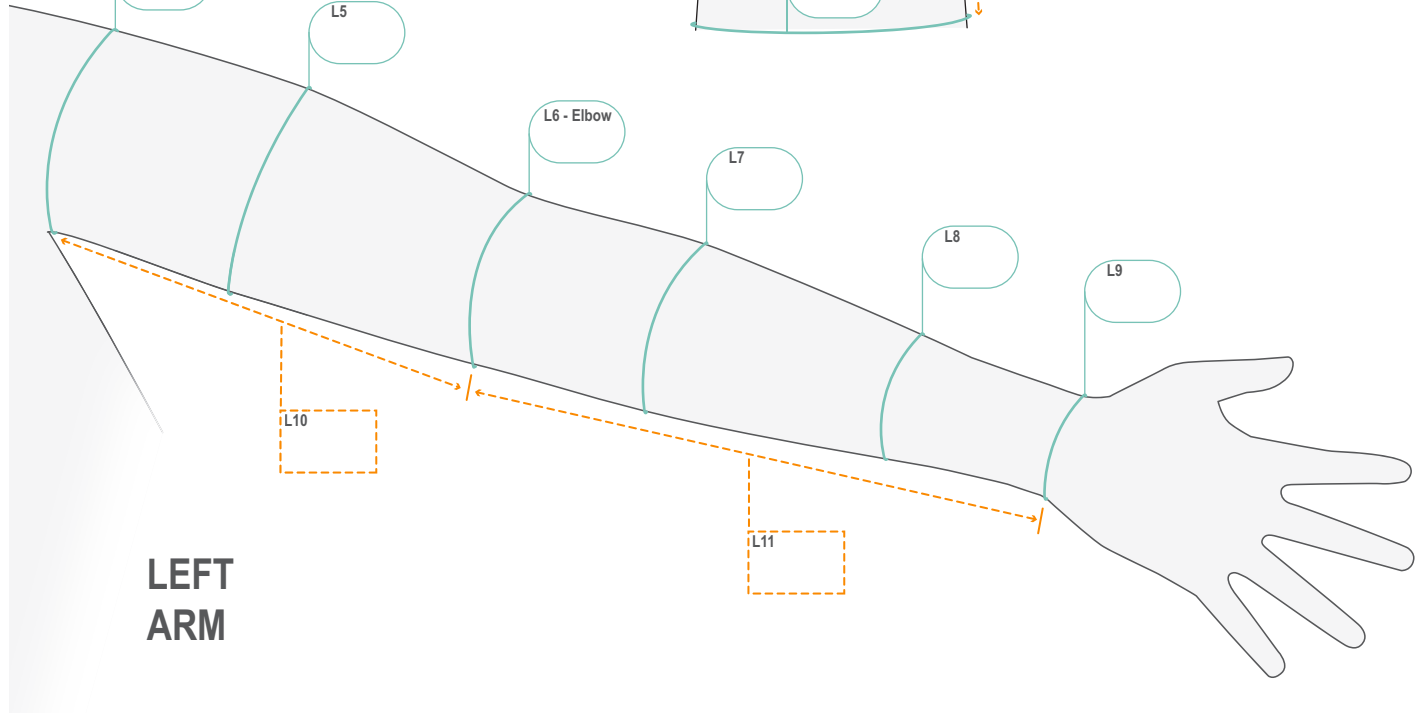
Order No.: _____ Patient Reference No.: _____



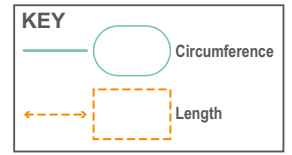
**LEFT
PALM**



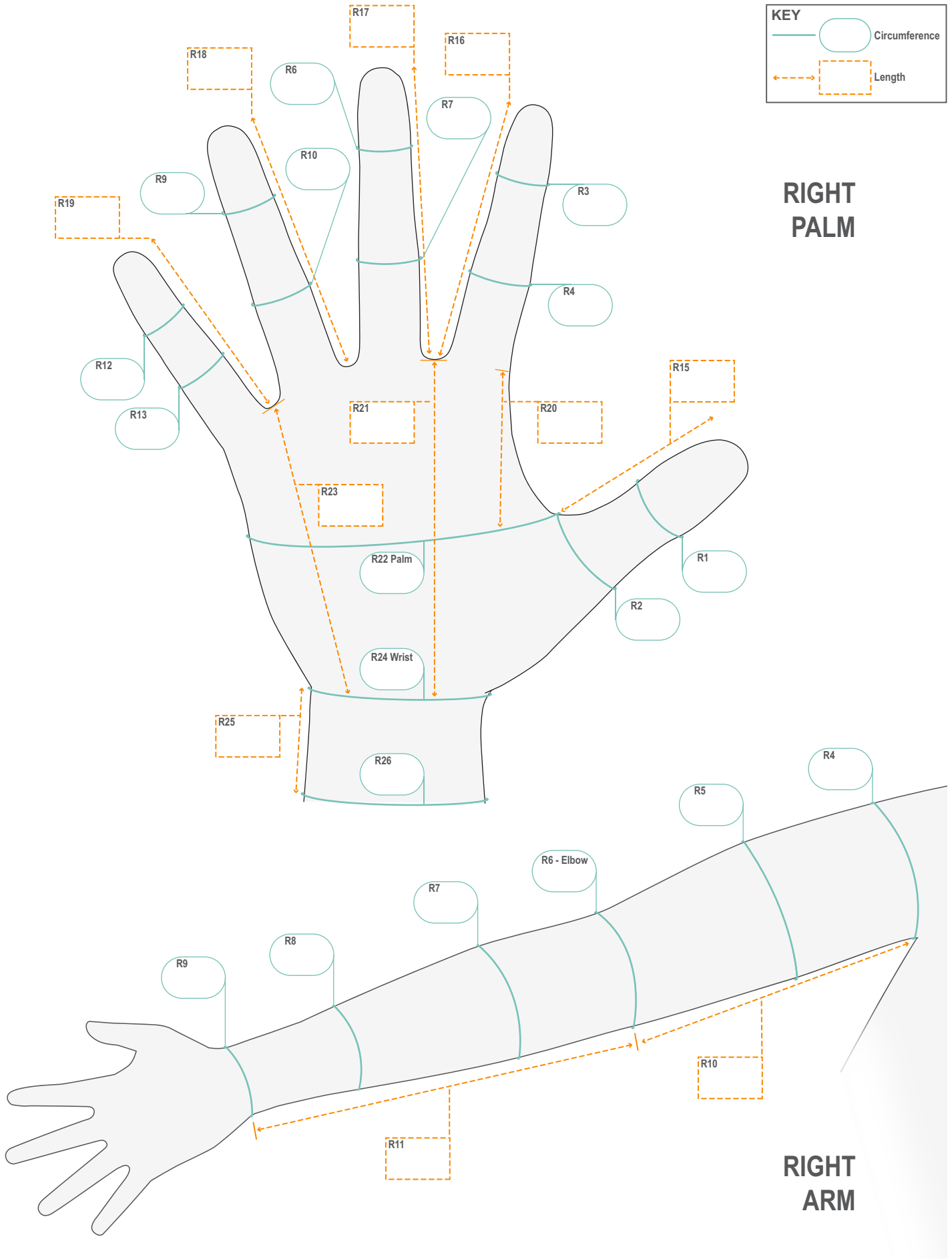
**LEFT
ARM**



Order No.: _____ Patient Reference No.: _____



RIGHT PALM



RIGHT ARM

Order No.: _____ Patient Reference No.: _____

Glove / Gauntlet Circumference Measurements (C)



Left (cm) Right (cm)

1	C	Thumb IP joint or end of open digit		
2	C	Base of thumb level with MCP joint		
3	C	Index finger DIP		
4	C	Index finger PIP		
6	C	Middle finger DIP		
7	C	Middle finger PIP		
9	C	Ring finger DIP		
10	C	Ring finger PIP		
12	C	Little finger DIP		
13	C	Little finger PIP		
22	C	Palm (ensure that the palm is opened out fully)		
24	C	Wrist level with wrist crease		
26	C	End of garment (for short gloves and gauntlets only)		

Glove / Gauntlet Length Measurements (L)



Left (cm) Right (cm)

15	L	Length of thumb to distal joint or required length		
16	L	Length of index finger to distal joint or required length		
17	L	Length of middle finger to distal joint or required length		
18	L	Length of ring finger to distal joint or required length		
19	L	Length of little finger to distal joint or required length		
20	L	Base of index finger to base of thumb (palm open with meta-carpals abducted) or from palmar crease to base of thumb for gauntlet		
21	L	Length of palm from base of second web space to wrist crease		
23	L	Length of palm from base of fourth web space to wrist crease		
25	L	Wrist crease to end of garment		

Sleeve Circumference Measurements (C)



Left (cm) Right (cm)

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 sleeve		

Sleeve Length Measurements (L)

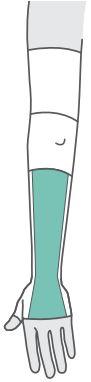
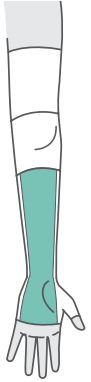
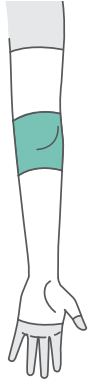
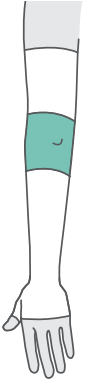

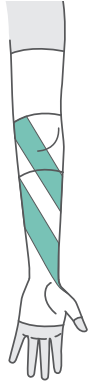
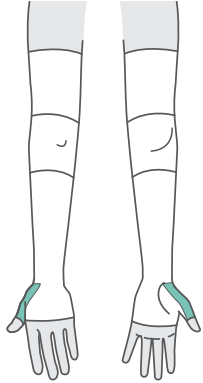



Left (cm) Right (cm)

10	L	Point level with deltoid insertion and measure to elbow crease on the medial border		
11	L	Elbow crease to wrist crease along the ulnar border		

Order No.: _____ Patient Reference No.: _____

Reinforcement Panels (Please specify)

<p>Dorsal Wrist To resist wrist flexion</p> <p><input type="checkbox"/> UL1</p> <p>Std panels included with Garment. Type NO if no panels are required.</p>  <p>Posterior</p>	<p>Volar Wrist To resist wrist extension</p> <p><input type="checkbox"/> UL2</p>  <p>Anterior</p>	<p>Anterior Elbow To resist elbow hyperextension</p> <p><input type="checkbox"/> UL3</p>  <p>Anterior</p>	<p>Posterior Elbow To resist elbow flexion</p> <p><input type="checkbox"/> UL4</p>  <p>Posterior</p>
<p>Posterior Spiral To resist pronation</p> <p><input type="checkbox"/> UL5</p>  <p>Posterior</p>	<p>Anterior Spiral To resist supination</p> <p><input type="checkbox"/> UL6</p>  <p>Anterior</p>	<p>Thumb To assist extension and abduction</p> <p><input type="checkbox"/> UL7</p>  <p>Posterior Anterior</p>	<p>Diagonal Wrist To resist ulnar deviation</p> <p><input type="checkbox"/> UL8</p>  <p>Posterior Anterior</p>