



## Sternal Garment 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:**  White  Beige  Tan  Pastel Pink  Red  
 Purple  Pastel Blue  Royal Blue  Black

**Printed Powernet:**  Floral  Unicorns  French Bulldog  Footballs  Pink Camo  
 Green Camo  Blue Camo

**Polycotton:**  White  Beige  Pink  Navy Blue  Black

### Zips

Colour Matching  Leopard  Camouflage  Galaxy  Rainbow  Tribe

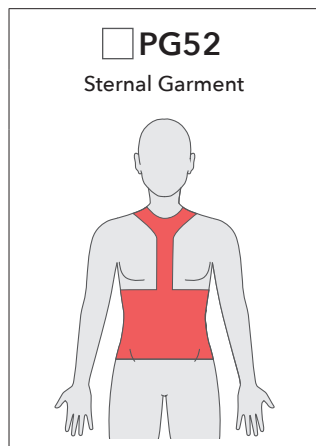
### Bindings

None  Daisies  Roses  Rainbow Mermaid  Pink Tribe  Rocket  
 B&W Football  Pink Football  Pink Hearts  Spots & Stripes  Silver Aztec  Pink Aztec

### 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)

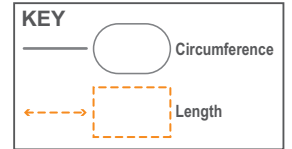


When completed, please click: [customerservice@jobskin.co.uk](mailto:customerservice@jobskin.co.uk) to email your electronic order form

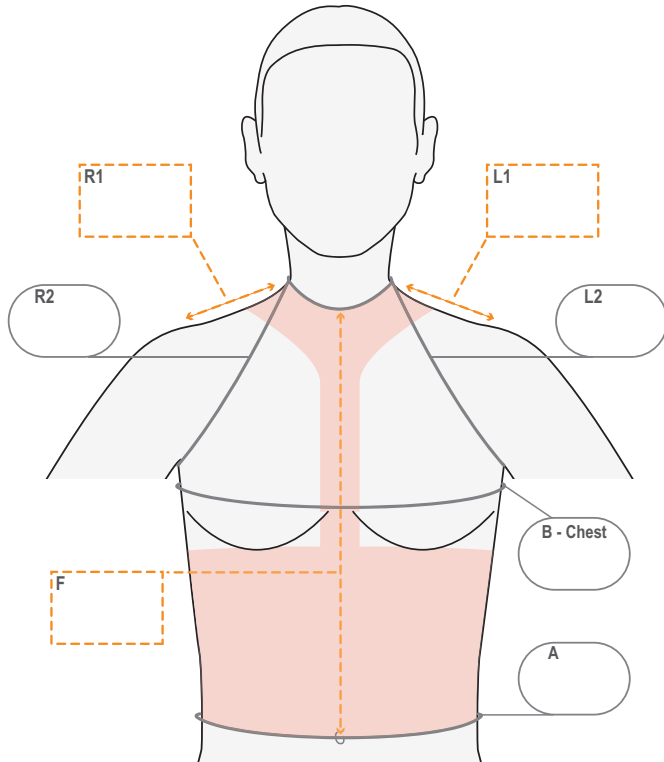
Please download your electronic forms directly from our website - [www.jobskin.co.uk/file-download](http://www.jobskin.co.uk/file-download)

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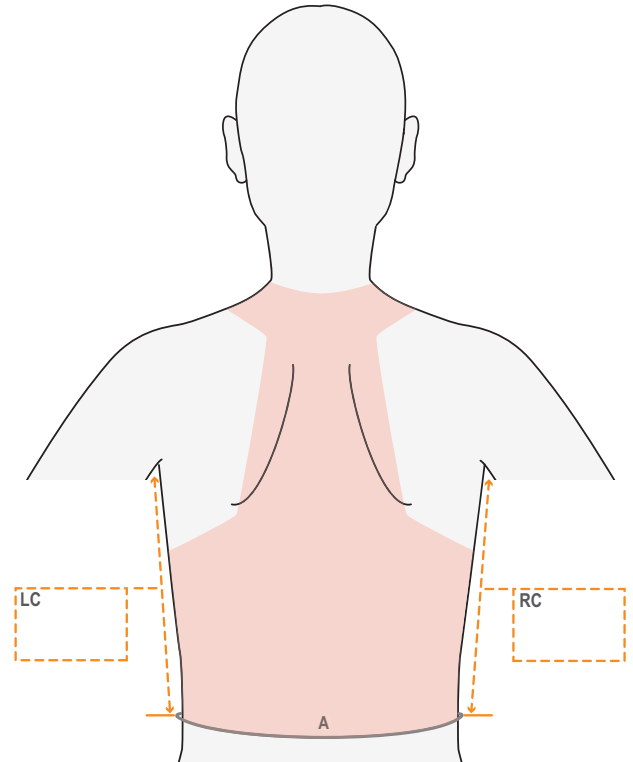
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_



### Front View



### Back View



### Circumference Measurements

Left (cm) Right (cm)

		Left (cm)	Right (cm)
A	Distal end of garment		
B	Chest at axilla level		
2	Base of neck round axilla and back		



### Length Measurements

Left (cm) Right (cm)

		Left (cm)	Right (cm)
C	Into anterior axilla to distal end of garment		
F	Required front neckline to waist (if different from standard)		
1	Garment shoulder width		

### Specific Instructions

### Fastening Options (please indicate)

<input type="checkbox"/> No fastenings, pull-on over the head (recommended)
<input type="checkbox"/> Side Zip <input type="checkbox"/> Centre Back Zip
<input type="checkbox"/> Side Velcro <input type="checkbox"/> Side Poppers

### Sternal Garment Pad (Standard pad size: 12cm x 5cm)

<input type="checkbox"/> Standard	<input type="checkbox"/> Extra Pad	<input type="checkbox"/> Other: (please indicate) _____ cm
<input type="checkbox"/> Pad to be covered in Silon-TEX II®		

Please use the space below to provide drawing and size details.