



## Glove, Gauntlet & 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.: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Please indicate:  Male  Female  
 Please indicate:  New Patient  Existing Patient  
 Contact me about my order via:  Email  Phone  
 Attached with order:  Consent form\*  Images  
 Silon-TEX® II Placement Pad

### 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

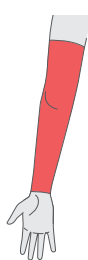
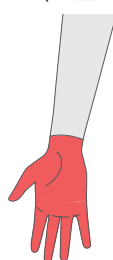

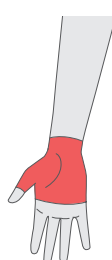

### Bindings

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)

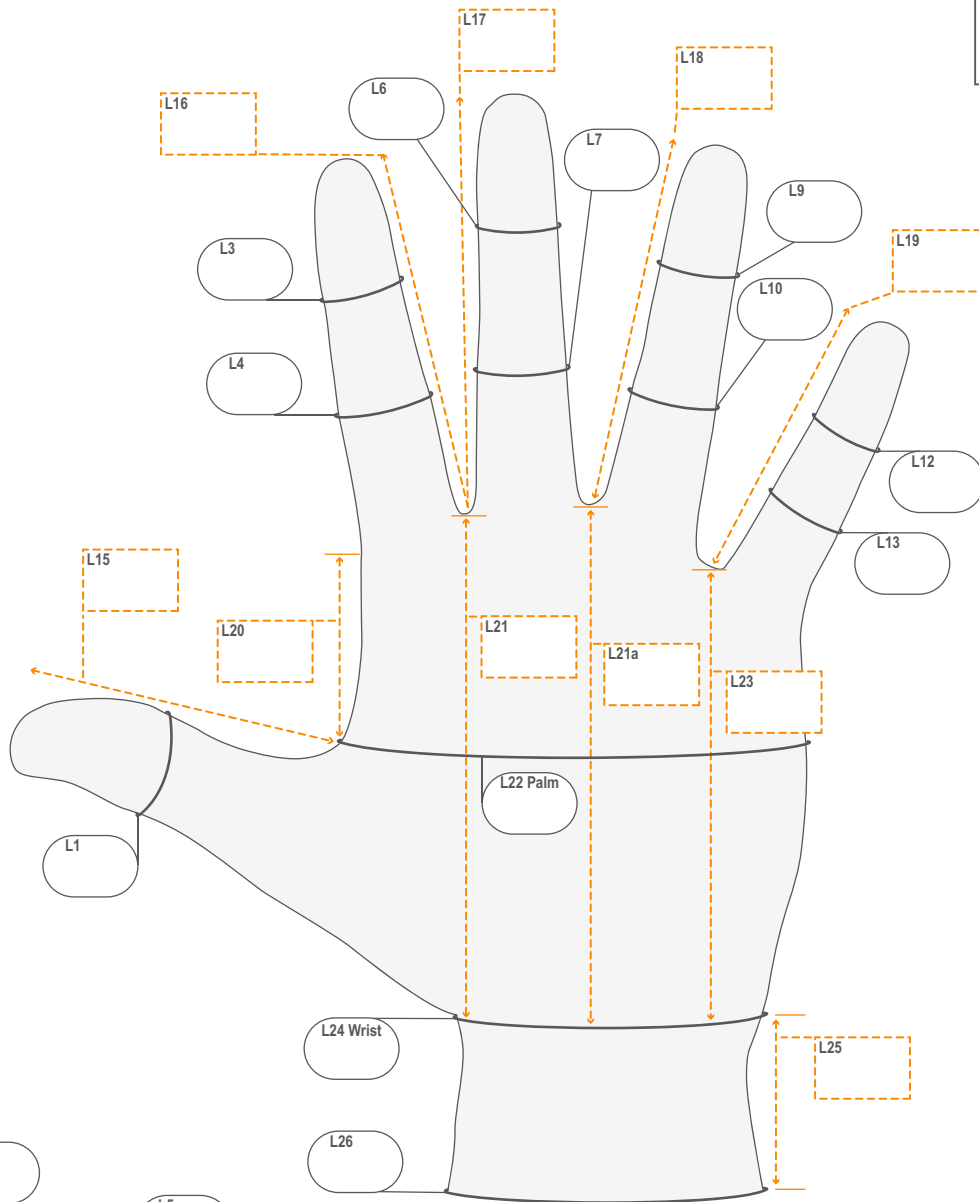
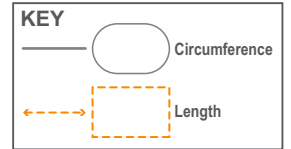
<input type="checkbox"/> <b>PG10</b> Sleeve  <input type="checkbox"/> Left <input type="checkbox"/> Right  	<input type="checkbox"/> <b>PG13</b> Glove up to 4cm above wrist  <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Open Tip <input type="checkbox"/> Closed Tip  	<input type="checkbox"/> <b>PG14</b> Glove over 4cm above wrist  <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Open Tip <input type="checkbox"/> Closed Tip  	<input type="checkbox"/> <b>PG16</b> Gauntlet up to 4cm above wrist  <input type="checkbox"/> Left <input type="checkbox"/> Right  	<input type="checkbox"/> <b>PG17</b> Gauntlet over to 4cm above wrist  <input type="checkbox"/> Left <input type="checkbox"/> Right  
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When completed, please click: [customerservice@jobskin.co.uk](mailto:customerservice@jobskin.co.uk) to email your electronic order form

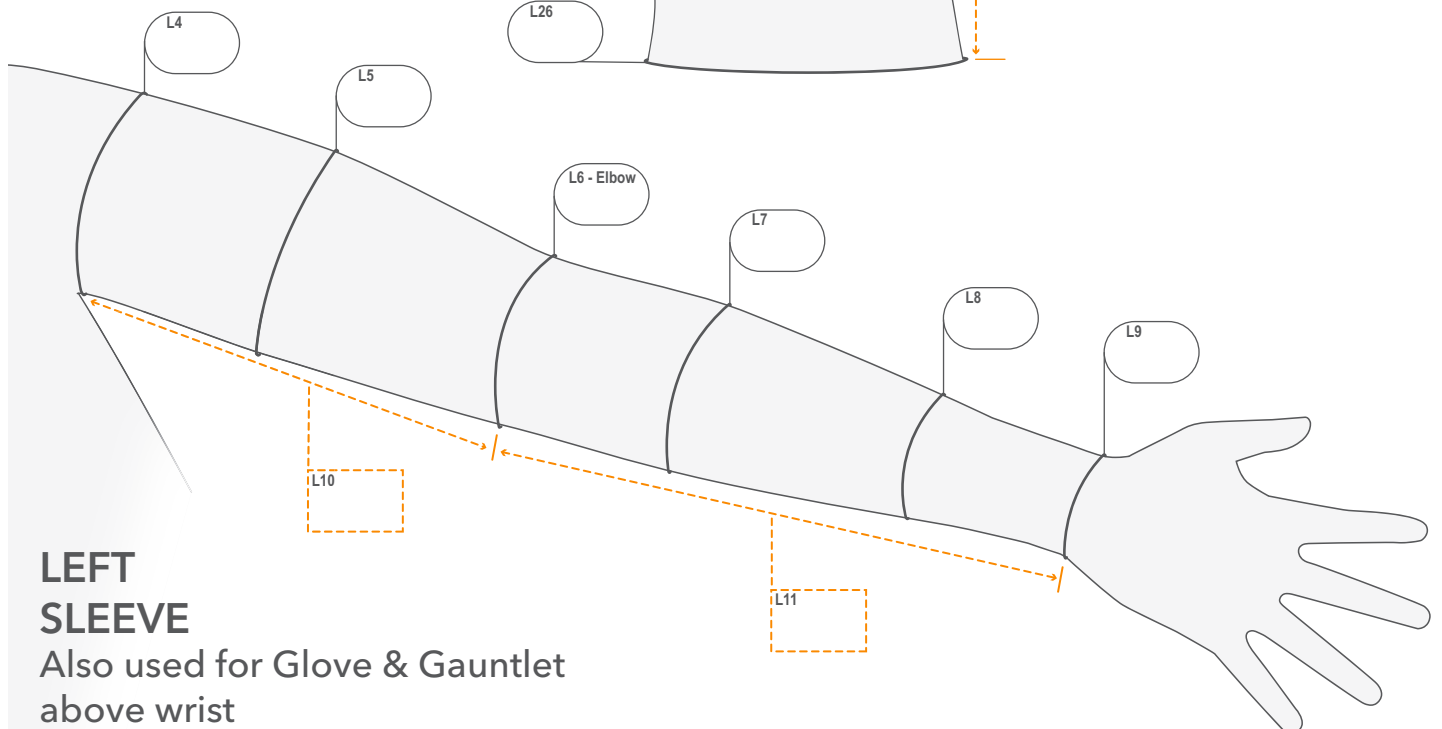
Please download your electronic forms directly from our website - [www.jobskin.co.uk/file-download](http://www.jobskin.co.uk/file-download)

**Glove, Gauntlet & Sleeve Order Form**

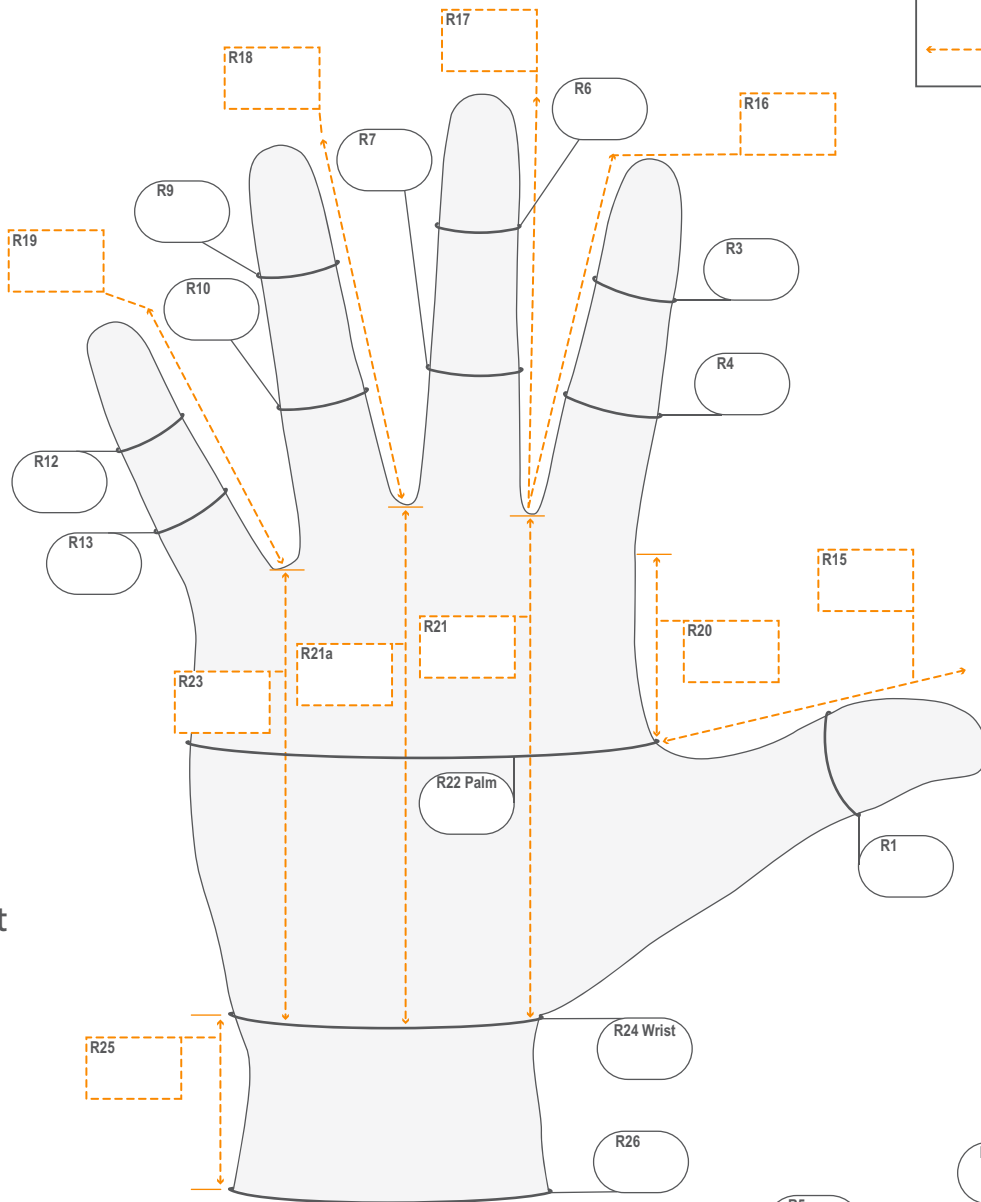
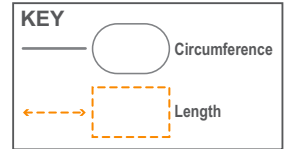
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_



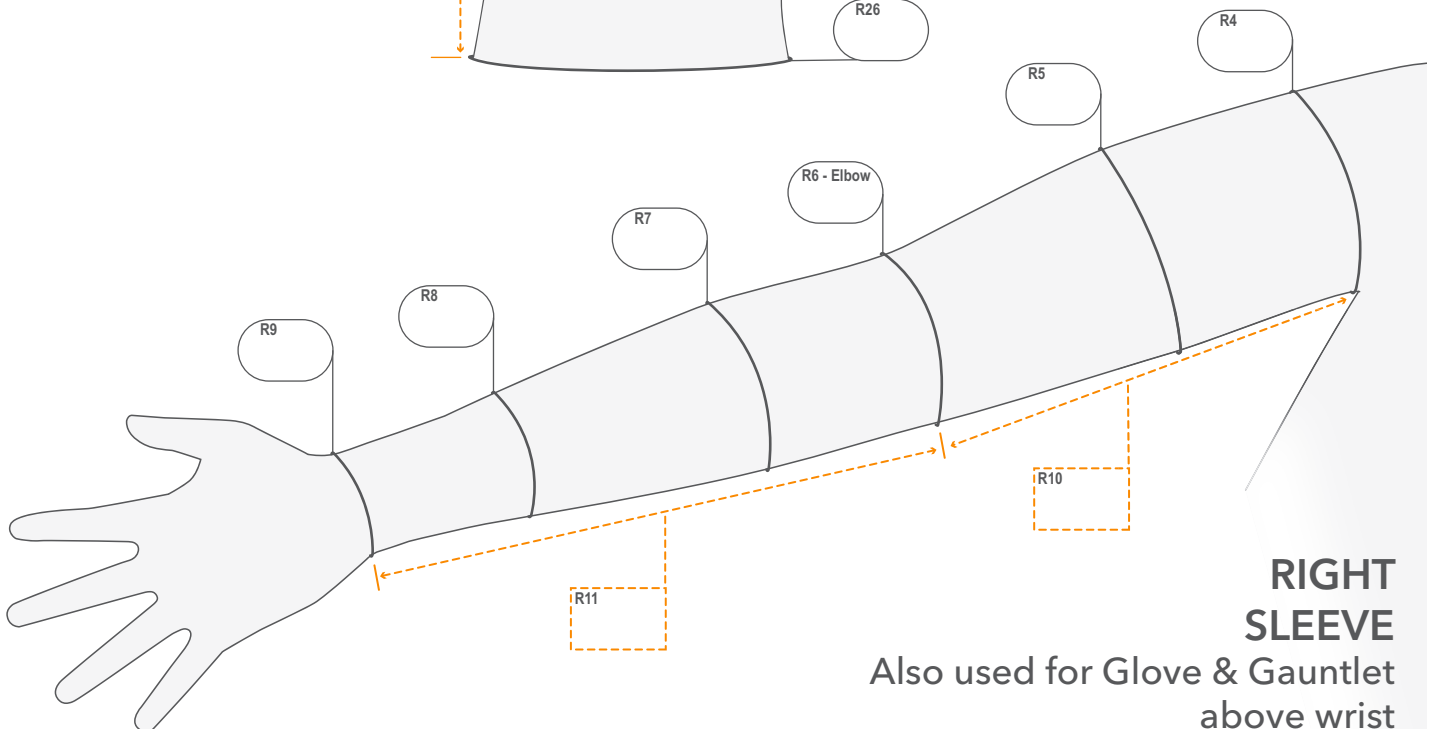
**LEFT GLOVE**  
For Gauntlet see page 4



**LEFT SLEEVE**  
Also used for Glove & Gauntlet above wrist

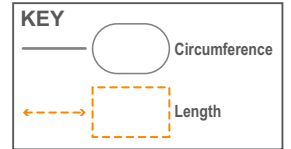


**RIGHT GLOVE**  
For Gauntlet see page 4

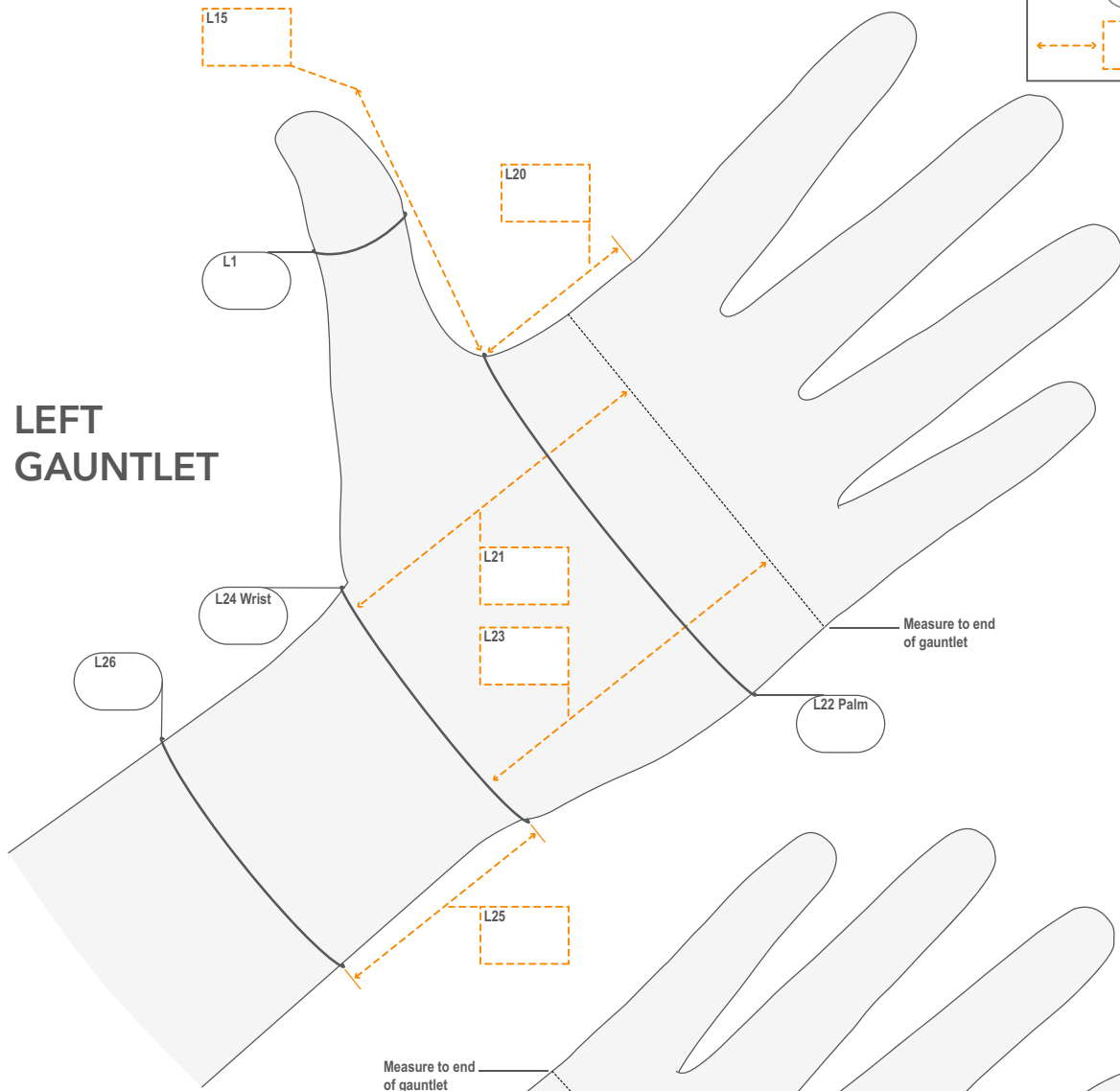


**RIGHT SLEEVE**  
Also used for Glove & Gauntlet above wrist

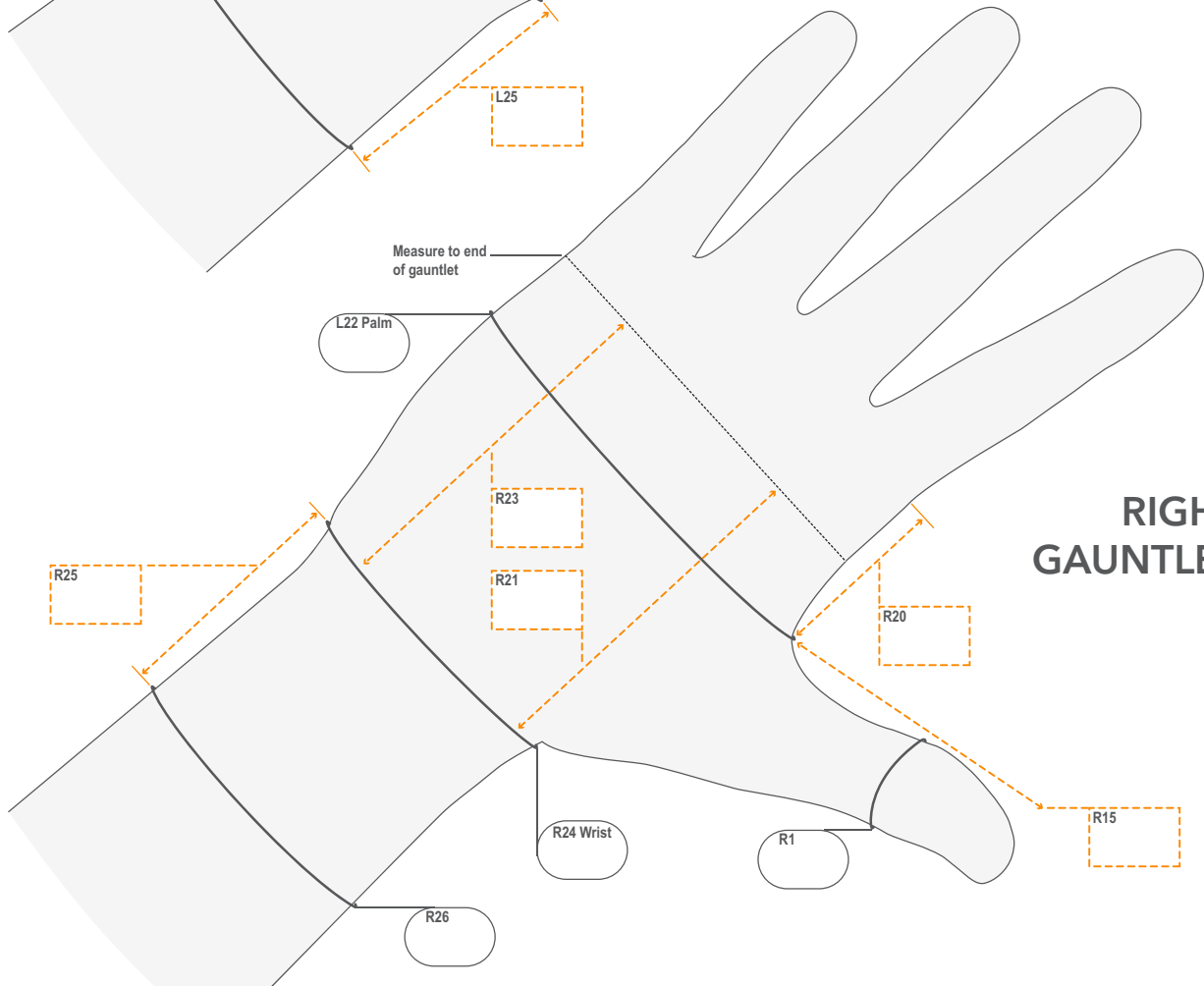
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_



### LEFT GAUNTLET



### RIGHT GAUNTLET



## Glove, Gauntlet & Sleeve Order Form

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

### Glove

#### Circumference Measurements

Left (cm) Right (cm)

		Left (cm)	Right (cm)
1	Thumb IP joint		
3	Index finger DIP		
4	Index finger PIP		
6	Middle finger DIP		
7	Middle finger PIP		
9	Ring finger DIP		
10	Ring finger PIP		
12	Little finger DIP		
13	Little finger PIP		
22	Palm (ensure palm is opened out fully)		
24	Wrist crease		
26	Forearm at finished length of glove		

#### Length Measurements

Left (cm) Right (cm)

15	Thumb web to finished length		
16	Index finger		
17	Middle finger		
18	Ring finger		
19	Little finger		
20	Thumb web to base of index finger		
21	Wrist to 2nd web		
21a	Wrist to 3rd web		
23	Wrist to 4th web		
25	Wrist to finished length of glove		

#### Closed tip gloves (tick if required)

Left Right

15	Thumb	<input type="checkbox"/>	<input type="checkbox"/>
16	Index finger	<input type="checkbox"/>	<input type="checkbox"/>
17	Middle finger	<input type="checkbox"/>	<input type="checkbox"/>
18	Ring finger	<input type="checkbox"/>	<input type="checkbox"/>
19	Little finger	<input type="checkbox"/>	<input type="checkbox"/>

### Gauntlet

#### Circumference Measurements

Left (cm) Right (cm)

1	Thumb IP joint		
22	Palm (ensure palm is opened out fully)		
24	Wrist crease		
26	Forearm at finished length of gauntlet		

#### Length Measurements

Left (cm) Right (cm)

15	Thumb web to finished length		
20	* Thumb web to end of gauntlet		
21	* Wrist to end of gauntlet		
23	* Wrist to end of gauntlet		
25	Wrist to finished length of gauntlet		

\* Please Note: The lengths required for this style need to be to the length required and NOT to the web spaces.

### Glove & Gauntlet Modifications (tick if required)

Item description	Product Code	Left	Right
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas). Use Silon-TEX II placement pad to mark position	PG45	<input type="checkbox"/>	<input type="checkbox"/>
Pad Use Silon-TEX II placement pad to mark position	PG40	<input type="checkbox"/>	<input type="checkbox"/>
Proximal elastic: <input type="checkbox"/> Regular <input type="checkbox"/> Cuff		<input type="checkbox"/>	<input type="checkbox"/>
Proximal elastic, non-slip		<input type="checkbox"/>	<input type="checkbox"/>
Reinforced palm (outside of glove)	PG45	<input type="checkbox"/>	<input type="checkbox"/>
Lined palm (inside of glove)	PG42	<input type="checkbox"/>	<input type="checkbox"/>
Non-slip grip to palm (glove only)		<input type="checkbox"/>	<input type="checkbox"/>
Velcro tab closure (proximal end)	PG41	<input type="checkbox"/>	<input type="checkbox"/>
Zipper location: <input type="checkbox"/> Inset <input type="checkbox"/> Ulnar <input type="checkbox"/> Radial <input type="checkbox"/> Dorsal	PG41	<input type="checkbox"/>	<input type="checkbox"/>
Zipper Length: <input type="checkbox"/> Standard <input type="checkbox"/> Other _____ cm			

### PG10 - Sleeve

#### Circumference Measurements

Left (cm) Right (cm)

4	Top of arm level with axilla		
5	Mid upper arm		
6	Elbow joint/crease, arm extended		
7	Upper forearm		
8	Lower forearm		
9	Wrist		

#### Length Measurements

Left (cm) Right (cm)

10	From elbow joint/crease to axilla or required length		
11	From wrist crease to elbow or required length		

#### Sleeve Modifications (tick if required)

Item description	Product Code	Left	Right
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas). Use Silon-TEX II placement pad to mark position	PG45	<input type="checkbox"/>	<input type="checkbox"/>
Pad Use Silon-TEX II placement pad to mark position	PG40	<input type="checkbox"/>	<input type="checkbox"/>
Proximal elastic: <input type="checkbox"/> Regular <input type="checkbox"/> Cuff		<input type="checkbox"/>	<input type="checkbox"/>
Proximal elastic, non-slip		<input type="checkbox"/>	<input type="checkbox"/>
Zipper location: <input type="checkbox"/> Inset <input type="checkbox"/> Medial <input type="checkbox"/> Lateral	PG41	<input type="checkbox"/>	<input type="checkbox"/>
Zipper Length: <input type="checkbox"/> Standard <input type="checkbox"/> Other _____ cm			

#### Specific Instructions