



Abdominal Support Order Form

All fields are required in order to process your order

Order Details

Date: _____
Order No.: _____
Contact Name: _____
Contact Phone No.: _____
Email: _____
Hospital/Clinic: _____
Delivery Address: _____

Post Code: _____

Please select:

Please note: we cannot process your order without indicating your options below.

Fabric:

☐ White Coutil ☐ Beige Coutil ☐ White Brocade

Opening:

☐ Right Side ☐ Left Side ☐ Centre Front

Stoma Aperture:

☐ No ☐ Yes (Please mark position when fitting)

Standard features

The items below are standard with all Abdominal Supports, please indicate which options you require by ticking the relevant boxes.

Soft Fit: ☐ Yes
Plush Lining: ☐ Yes
Extra Large Fulcrum: ☐ Yes
Under Belt: ☐ Yes
Full Depth Elastic: ☐ Yes
Velcro D. Ring Fastening: ☐ Yes
Bones: ☐ Yes
Hernia Pad: ☐ Yes ☐ Extra Pad (chargeable)
Fat Restraining Pad: ☐ Yes ☐ Extra Pad (chargeable)

Specific Instructions

Patient Details

Patient Reference No.: _____
First Name: _____
Surname: _____
Date of Birth: _____

Circumference Measurements



F	Top edge	
G	Waist - in line with umbilicus	
H	Abdominal - in line with ASIS	
I	Hip - in line with trochanter	
J	Bottom - pubis to bottom of skirt	

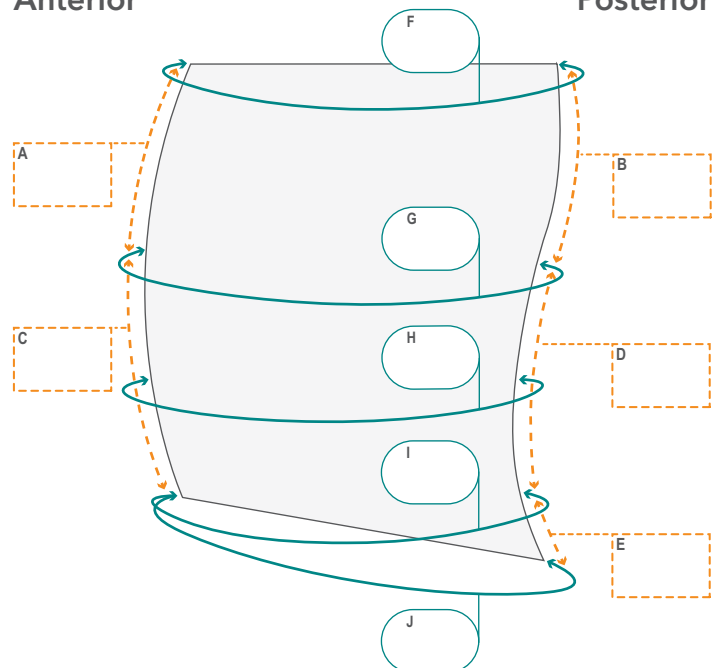
Depth Measurements



A	Anterior depth - above waist	
B	Posterior depth - above waist	
C	Anterior depth - waist to pubis	
D	Posterior depth - waist to apex gluteus maximus	
E	Posterior depth - skirt	

Anterior

Posterior



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