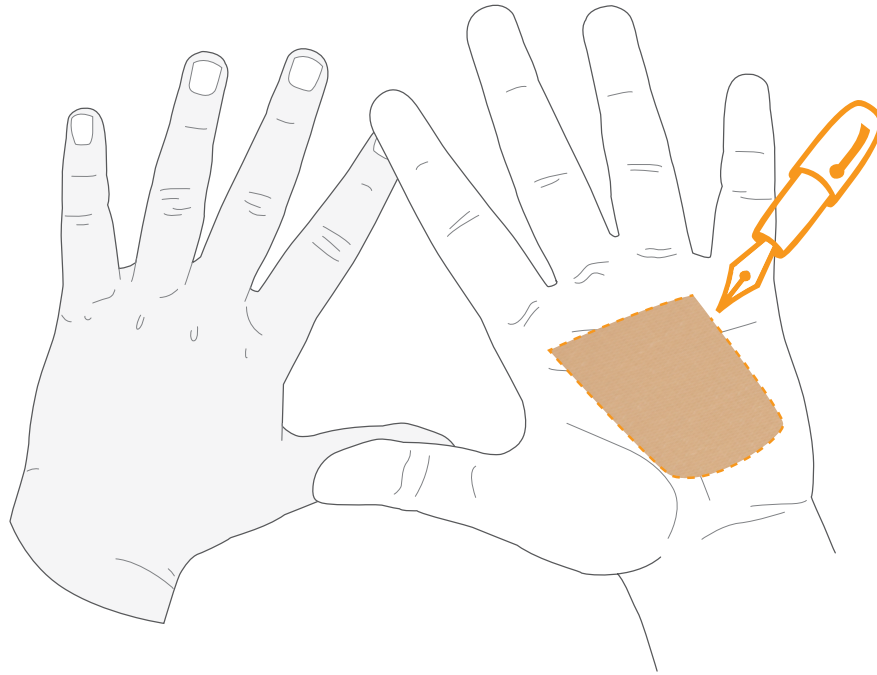


Silon-TEX® II Placement Pad Paediatrics



Please use this pad to mark the placement of **Silon-TEX® II inserts, PADS** or **POCKETS**. Please follow the instructions for download and completion.

IMPORTANT: Please include measurements for all customisations. Indicate size of silicone insert and measurements where the insert is to be positioned i.e. 15mm above wrist crease

1. Ensure you download the PDF file before editing it to avoid file corruption or loss
2. Complete the date and patient details on each edited page
3. Indicate which customisation is required, i.e. add a pocket, add silicone fabric, foam to be inserted here
4. Give clear and concise but exacting details for all additions to garments, you may also include photographs with your order if you feel this will be useful
5. Please indicate thickness of padding as well as dimensions and position
6. When adding Silon-TEX® II inserts, consider zips and openings to make donning and doffing possible. It is recommended to insert Silon-TEX II® into small areas only.

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

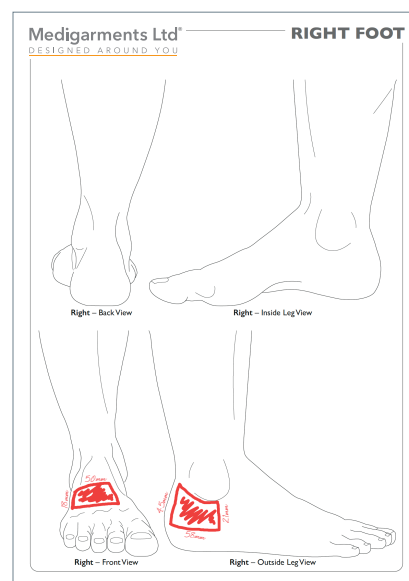
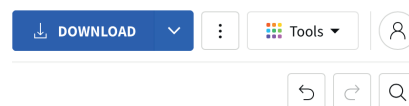
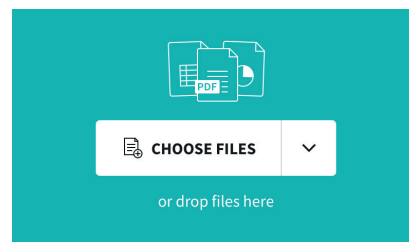
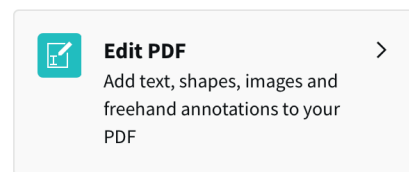
Please download your electronic forms directly from our website - www.jobskin.co.uk/file-download

Download and Editing Instructions

- 1 Download the relevant Customisation Pad PDF file (**Adult** or **Paediatric**)
- 2 Open your web browser and type in the following URL:
https://smallpdf.com
- 3 Click on **Edit PDF**
- 4 Click on **CHOOSE FILES** and navigate to the file you have downloaded, click **ok**
- 5 Wait while the pdf file uploads
- 6 Once the PDF file has loaded, scroll down to the required page
- 7 Select the **pen** icon
- 8 Change the colour and line weight if necessary (a colour such as red is more visible)
- 9 Draw all modifications on the diagram(s) provided, use as many diagrams as necessary
- 10 Clearly label all modifications and include measurements on the template. Indicate proximity to key points i.e.: 90mm below top of waist band or 10cm down from axillary crease.

Use arrows if it helps with explanations.
- 11 Click on **Download**, the file will save to your computer
- 12 Open the PDF document and check the file is correct
- 13 Email the file, along with your completed electronic order form to **customer services:**

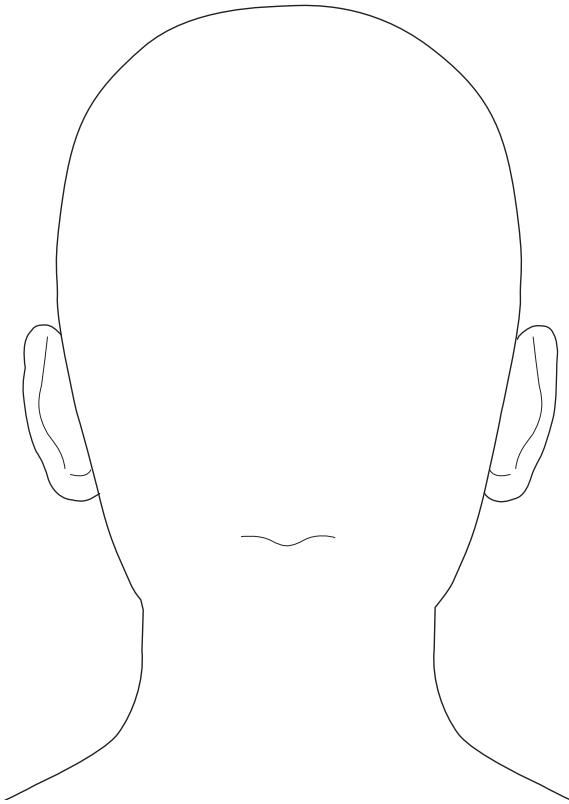
orders@jobskin.co.uk



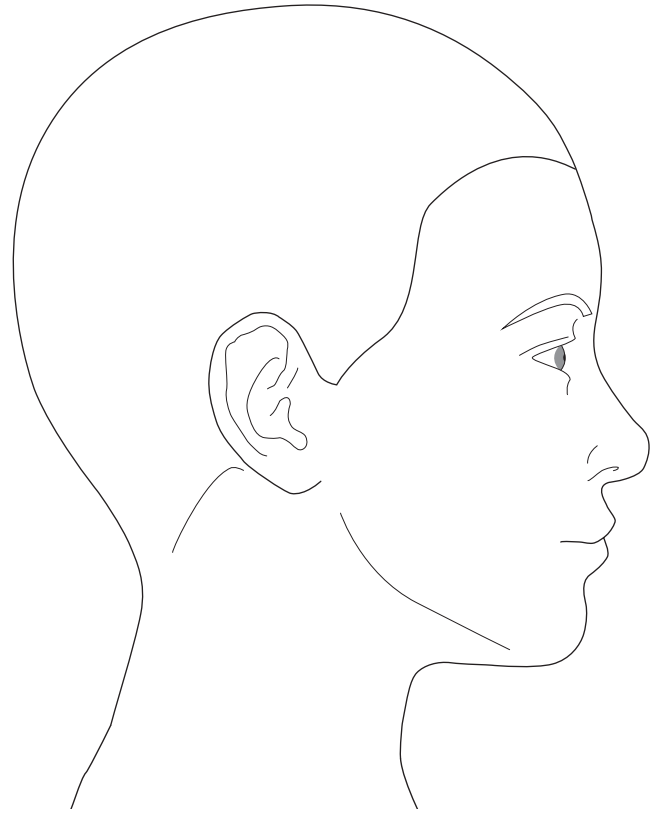
Head and Neck

Date: _____ Order No.: _____

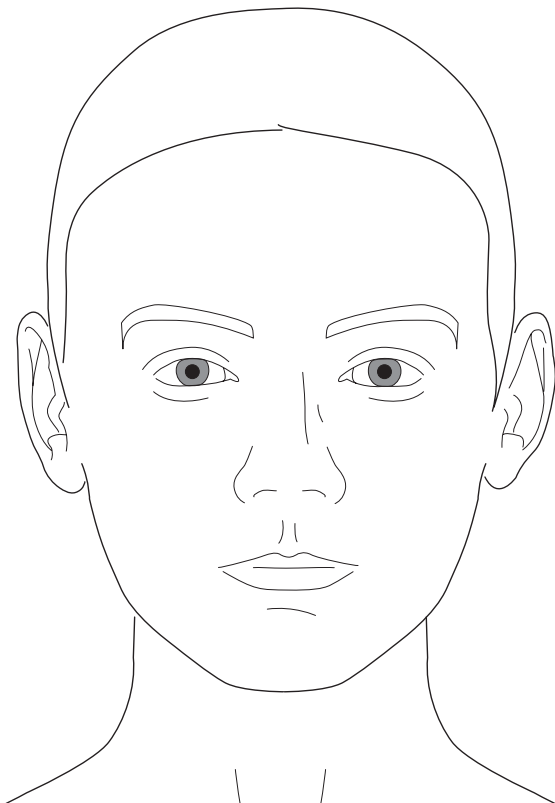
Patient Reference No.: _____



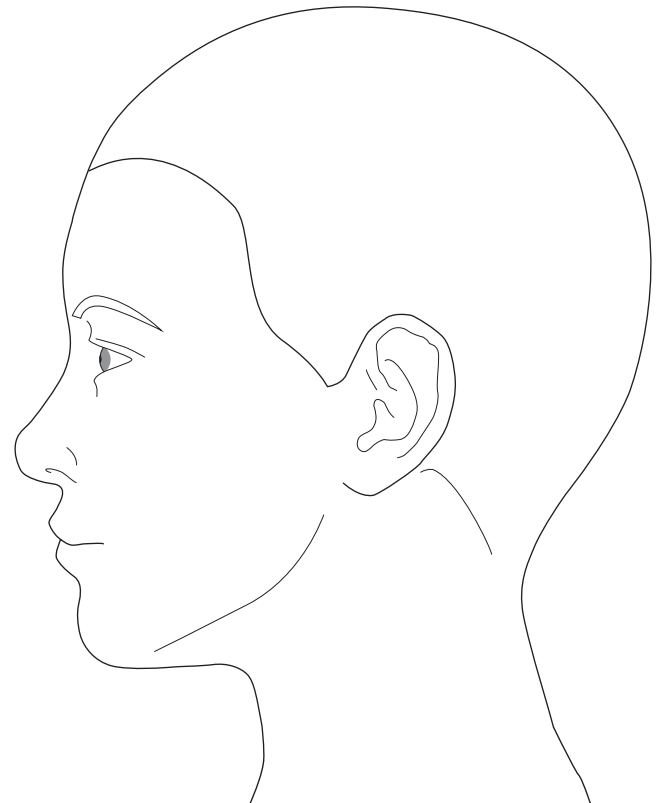
Posterior View



Right - Lateral View



Anterior View

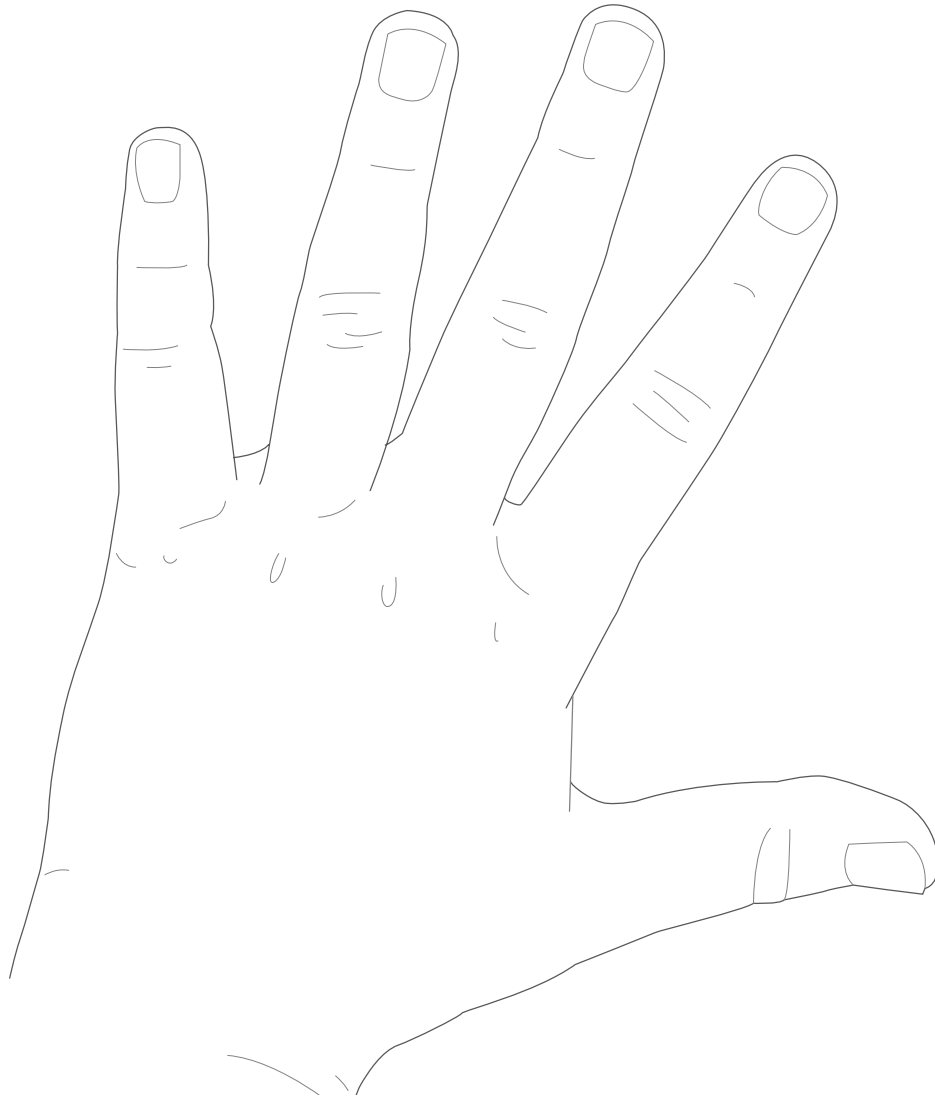


Left - Lateral View

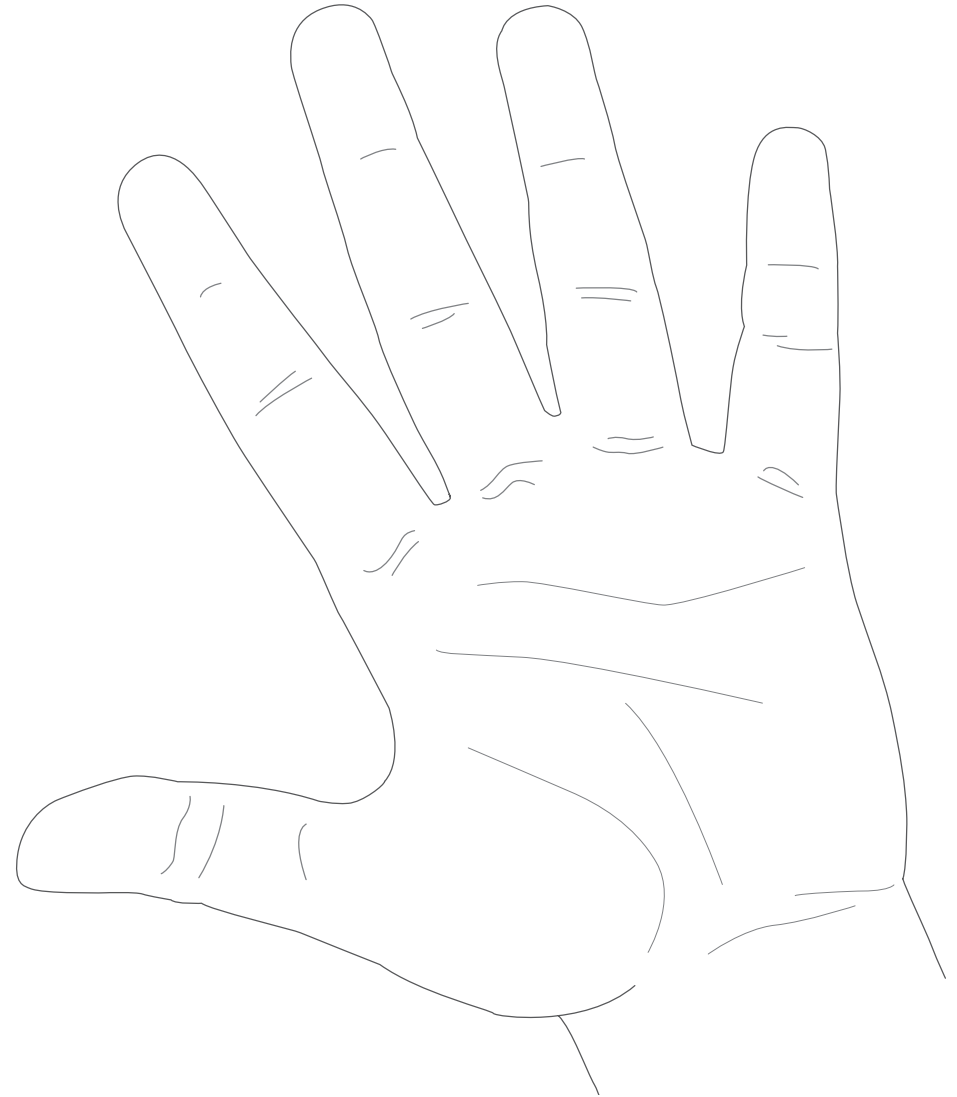
Left Hand

Date: _____ Order No.: _____

Patient Reference No.: _____



Left - Dorsal View



Left - Palmer View

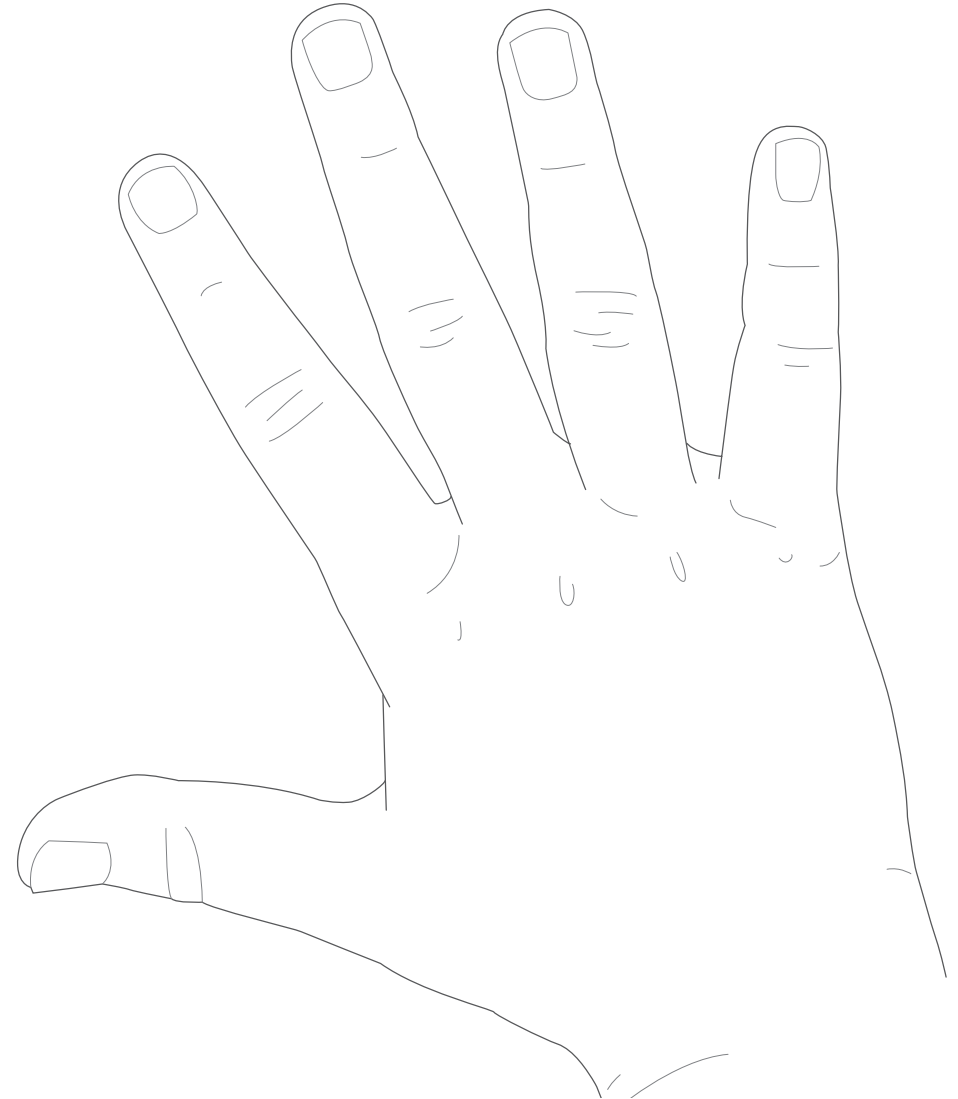
Right Hand

Date: _____ Order No.: _____

Patient Reference No.: _____



Right - Palmer View

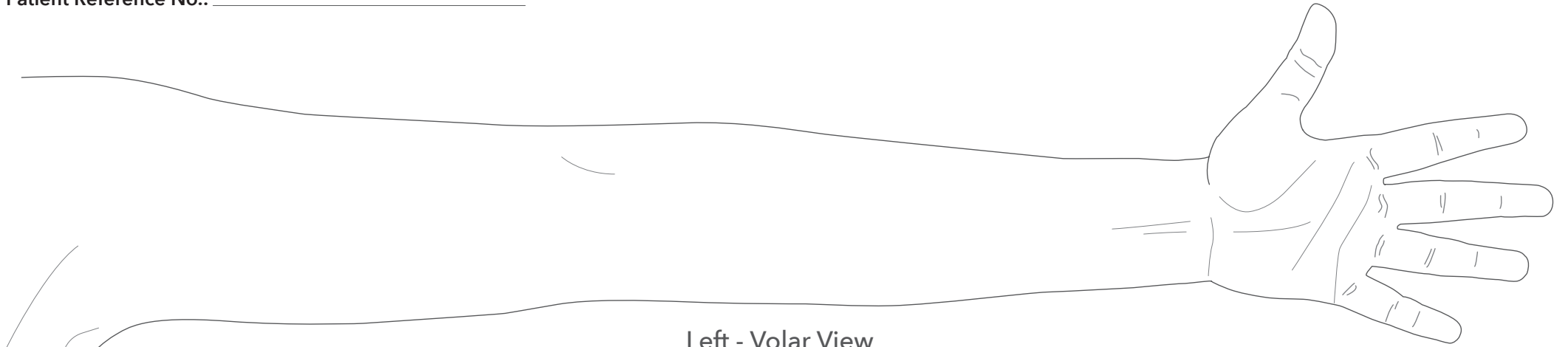


Right - Dorsal View

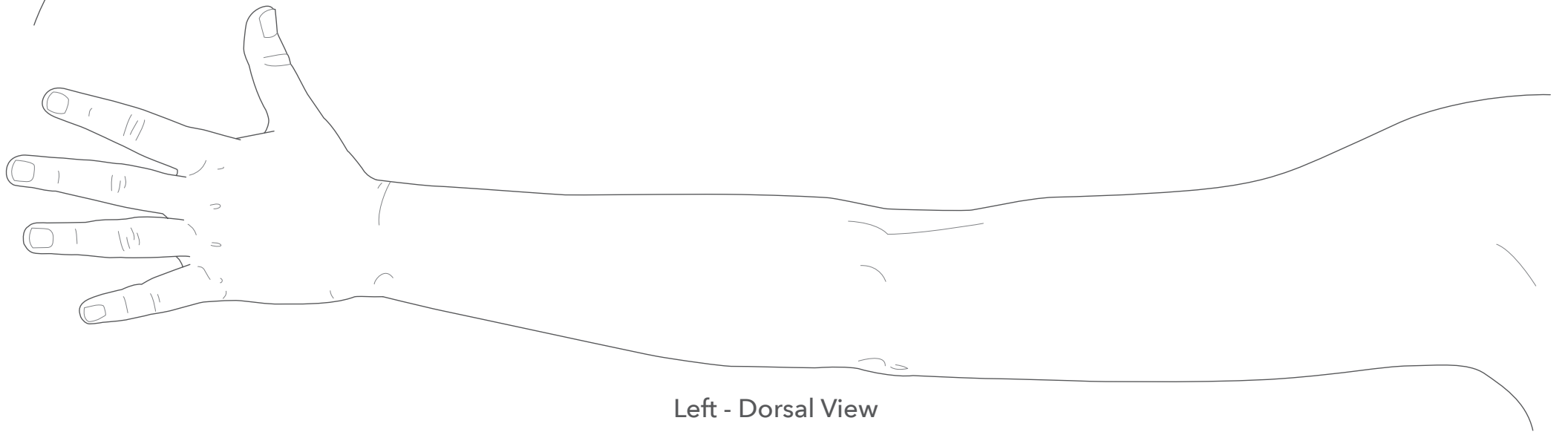
Left Arm

Date: _____ Order No.: _____

Patient Reference No.: _____



Left - Volar View

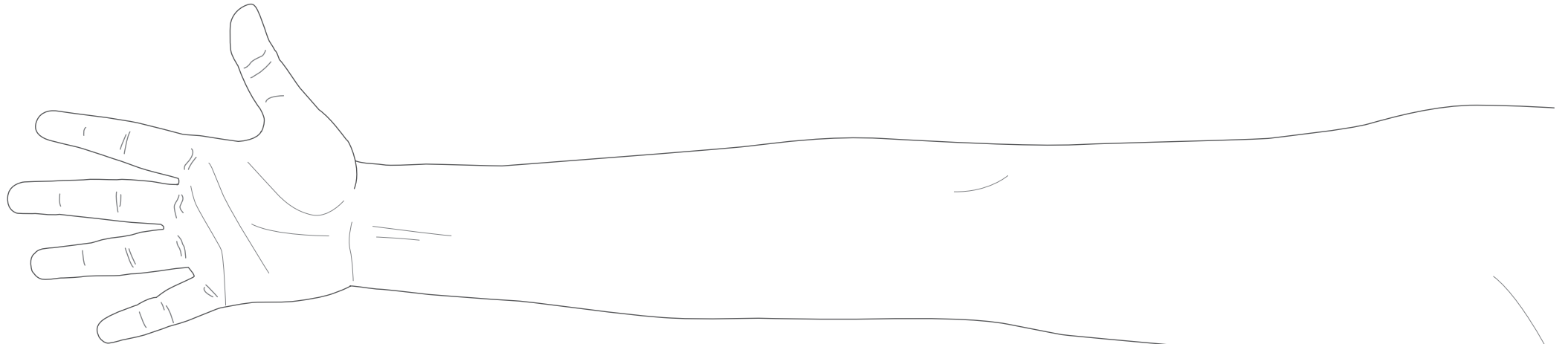


Left - Dorsal View

Right Arm

Date: _____ Order No.: _____

Patient Reference No.: _____



Right - Volar View

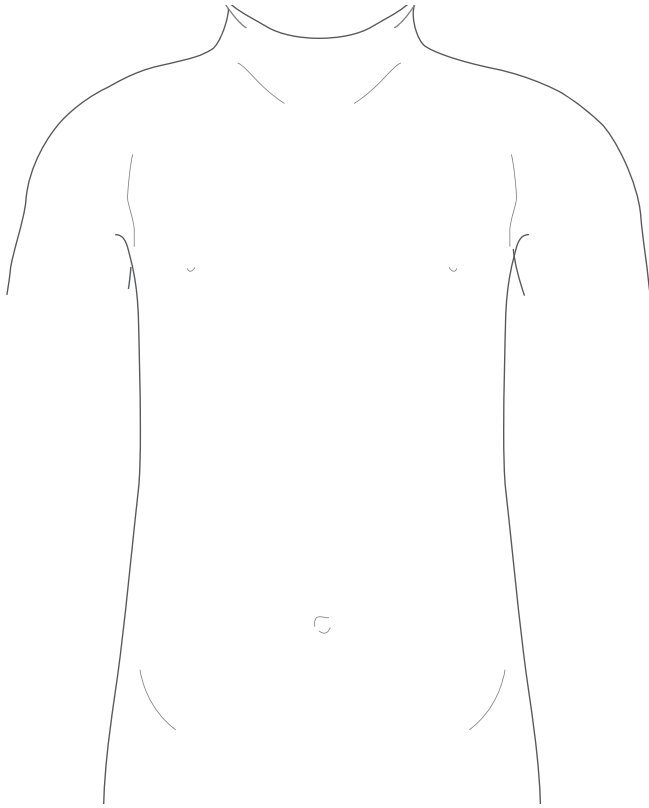


Right - Dorsal View

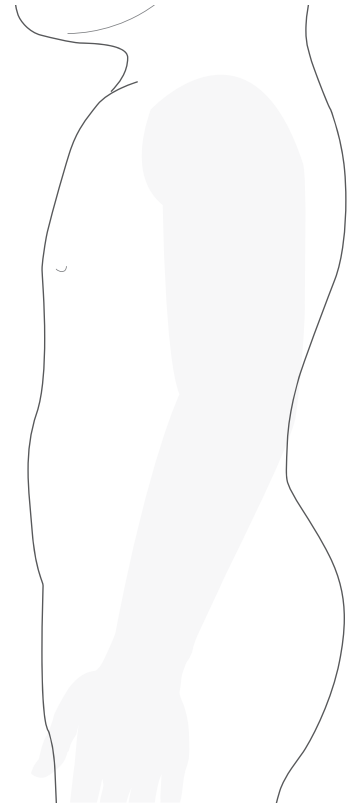
Upper Trunk/Chest

Date: _____ Order No.: _____

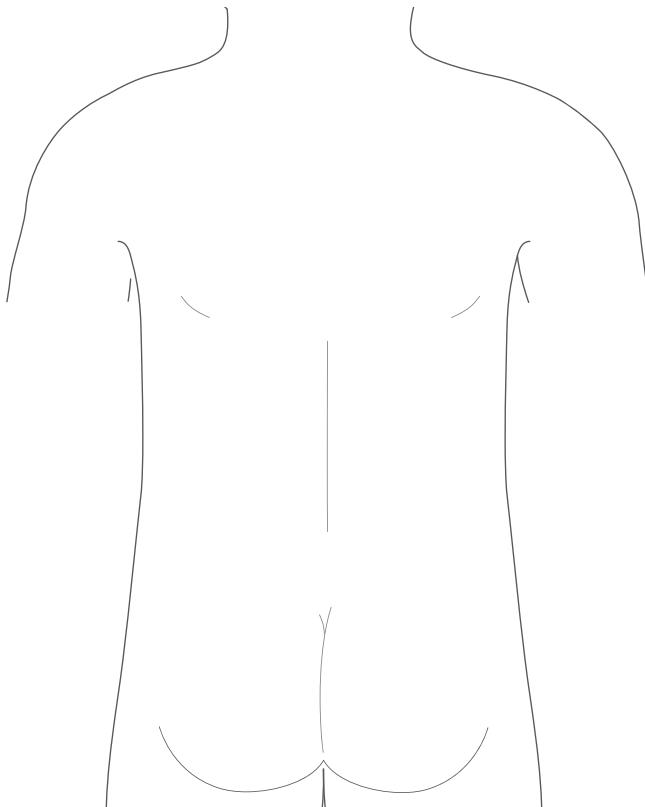
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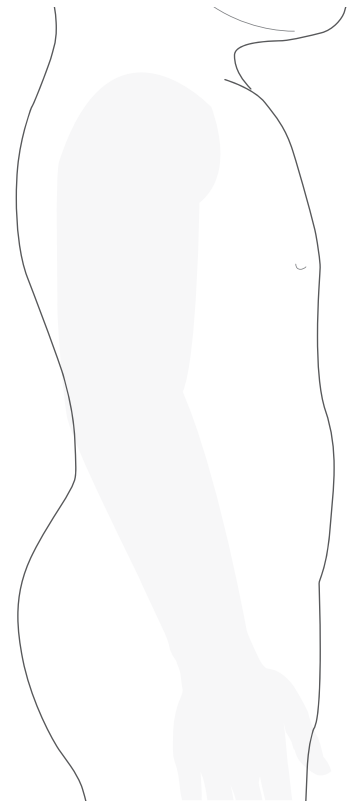
Anterior View



Left - Lateral View



Posterior View

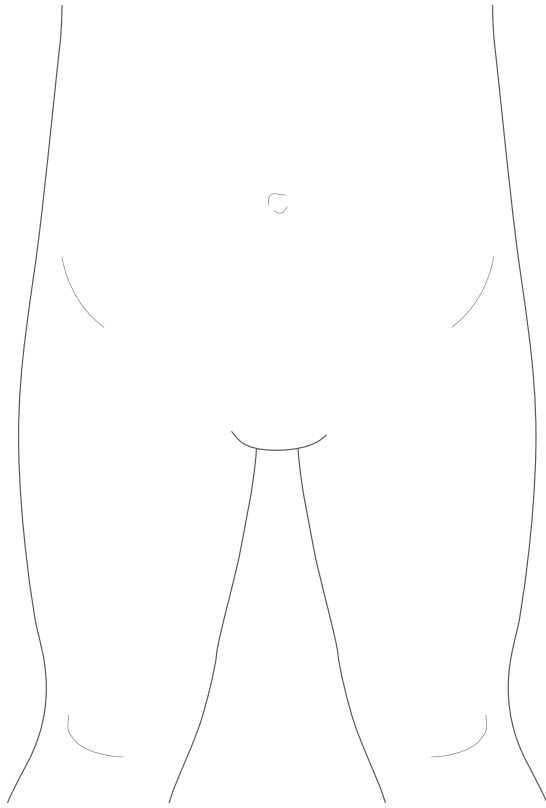


Right - Lateral View

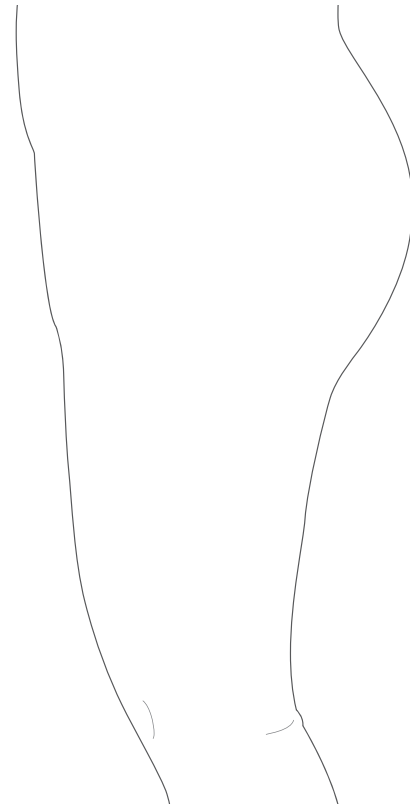
Mid Section

Date: _____ Order No.: _____

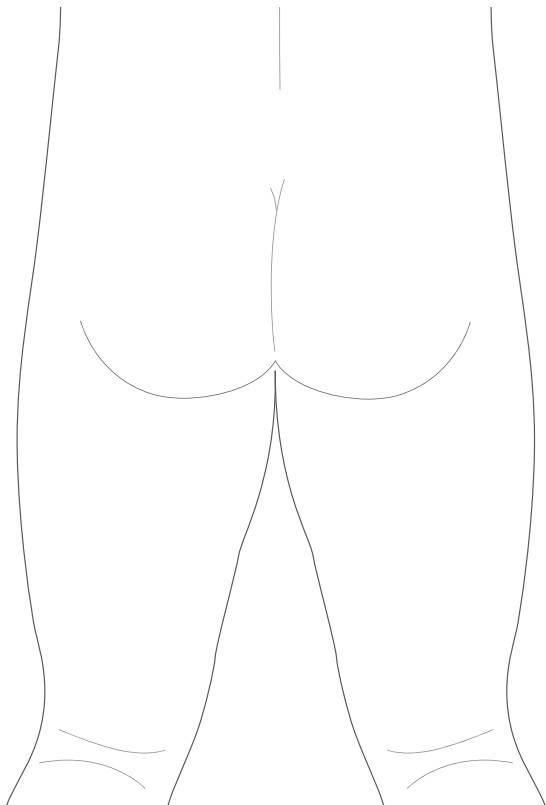
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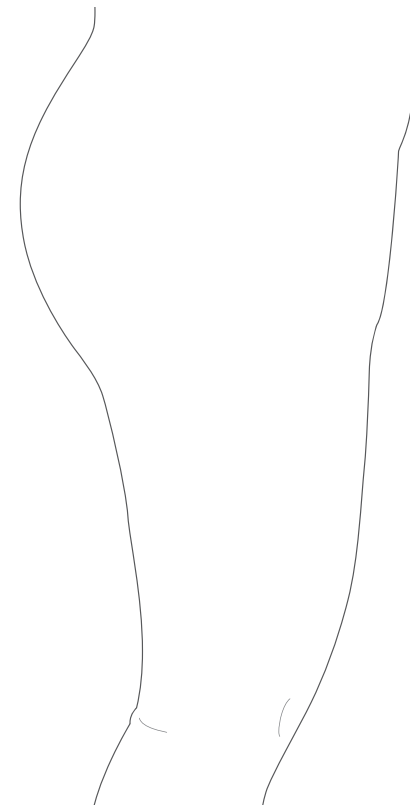
Anterior View



Left - Lateral View



Posterior View

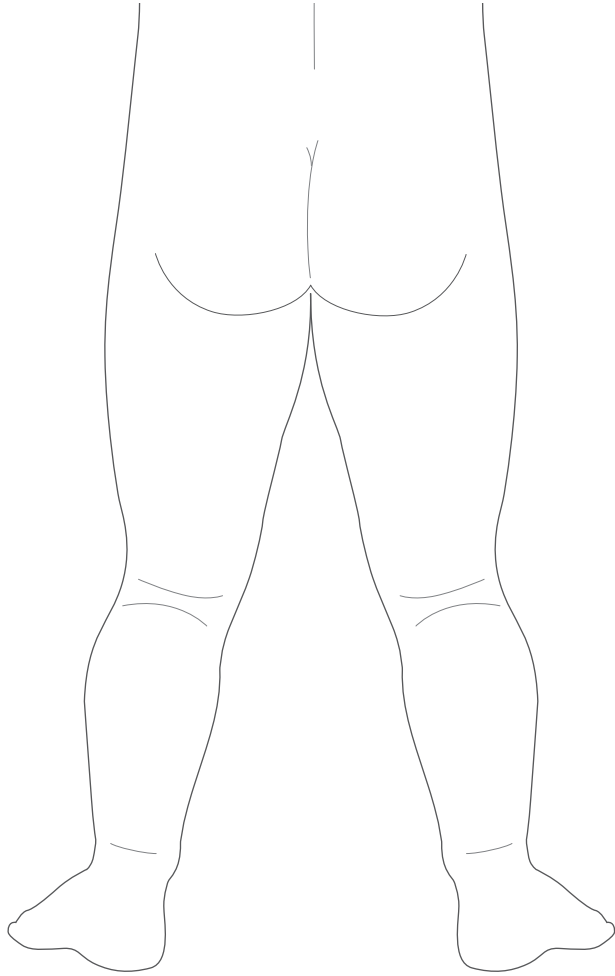


Right - Lateral View

Lower Body

Date: _____ Order No.: _____

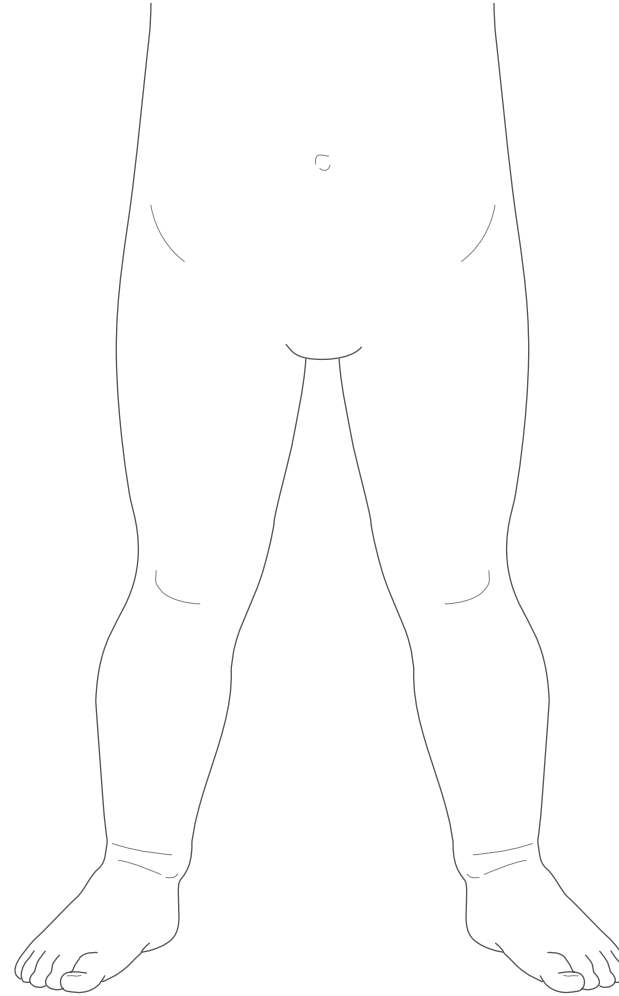
Patient Reference No.: _____



Posterior View



Left - Lateral View



Anterior View

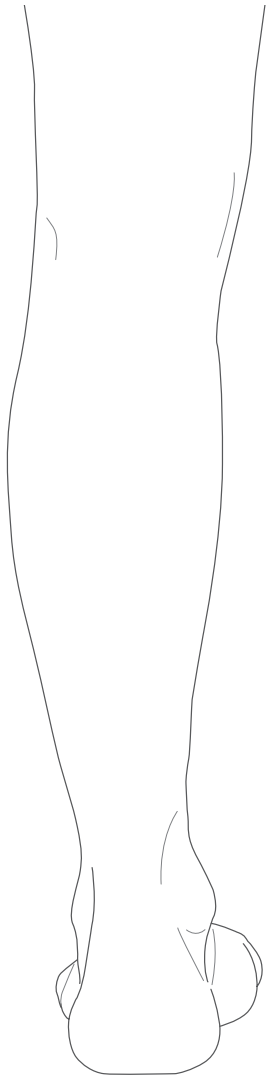


Right - Lateral View

Left Lower Leg

Date: _____ Order No.: _____

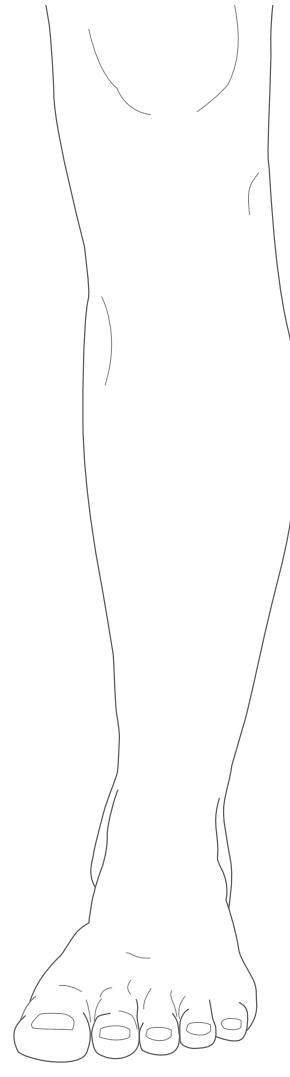
Patient Reference No.: _____



Left - Posterior View



Left - Medial View



Left - Anterior View

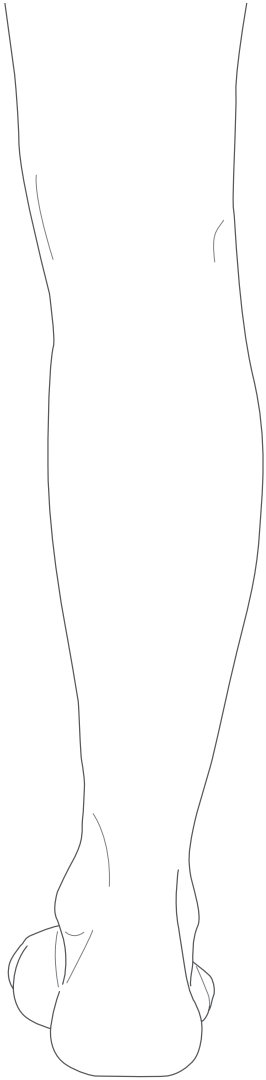


Left - Lateral View

Right Lower Leg

Date: _____ Order No.: _____

Patient Reference No.: _____



Right - Posterior View



Right - Medial View



Right - Anterior View



Right - Lateral View

Left Foot and Ankle

Date: _____ Order No.: _____

Patient Reference No.: _____



Left - Posterior View



Left - Medial View



Left - Anterior View



Left - Lateral View

Right Foot and Ankle

Date: _____ Order No.: _____

Patient Reference No.: _____



Right - Posterior View



Right - Medial View



Right - Anterior View



Right - Lateral View

Foot

Date: _____ Order No.: _____

Patient Reference No.: _____



Left - Top/Dorsal Aspect



Right - Top/Dorsal Aspect

Foot

Date: _____ Order No.: _____

Patient Reference No.: _____



Right - Plantar View



Left - Plantar View

Medigarments Ltd[®]

DESIGNED AROUND YOU

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