New Jobskin® Premium

Medigarments Ltd®
DESIGNED AROUND YOU

Order Form Details

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: _____

Patient Details

Patient Reference No.: _____
First Name: _____
Surname: _____
Year of Birth: _____
Please indicate: ☐ Male ☐ Female
Please indicate: ☐ New Patient ☐ Existing Patient
Diagnosis: _____

_____

_____

_____

Please continue to fill in the garment details using the following pages.

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

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Body Suit Order Form

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Premium Original

Plain Powernet: ☐ Beige ☐ Tan ☐ Blossom ☐ Red ☐ Raspberry ☐ Classy Blue ☐ Denim Blue ☐ Black

Printed Powernet: ☐ Unicorn ☐ Safari Car ☐ Paw Print ☐ Pink Camo ☐ Green Camo ☐ Blue Camo ☐ Rainbow Unicorn

Zips (themed zip only available with outside zipper modification)

☐ None ☐ Colour Matching ☐ Leopard ☐ Camouflage ☐ Galaxy ☐ Rainbow ☐ Tribe

Bindings (end of sleeve and end of shorts & leggings only, no binding on crotch & neckline)
(no binding choice available on sock, foot glove, gloves, gauntlets & head garments)

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

Thread

☐ Colour Matching ☐ Beige ☐ White ☐ Tan ☐ Pastel Pink ☐ Bright Pink
☐ Red ☐ Purple ☐ Green ☐ Pastel Blue ☐ Royal Blue ☐ Denim Blue
☐ Navy Blue ☐ Black

Premium Active – 50 UPF (both garment colour choices are designed with black zipper and thread)
(no themed binding is available with this fabric option)

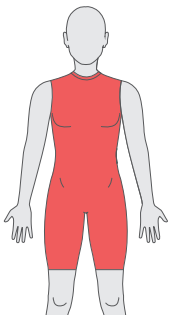
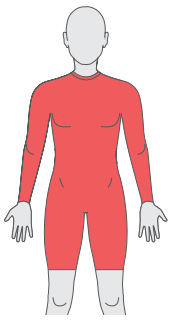
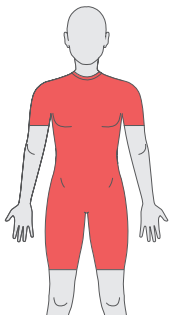
☐ Eucalyptus Green ☐ Black

Premium Q10 – Q10 cosmetic ingredient (zipper & thread are matching – plain colours are based on the Fitzpatrick scale)
(no themed binding is available with this fabric option)

Plain Q10: ☐ Type 2 (white, fair) ☐ Type 3 (medium white to olive) ☐ Type 4 (olive, moderate brown) ☐ Type 5 (brown dark brown) ☐ Type 6 (brown, very dark, brown to black

Printed Q10: ☐ Fairy & Castle ☐ Dinosaurs

Garment (please indicate)

☐ PO 0558	☐ PO 0560	☐ PO 0561
Body Suit Above Knee with No Sleeves	Body Suit Above Knee with Long Sleeves	Body Suit Above Knee with Short Sleeves
☐ Open Crotch ☐ Closed Crotch	☐ Open Crotch ☐ Closed Crotch	☐ Open Crotch ☐ Closed Crotch
		

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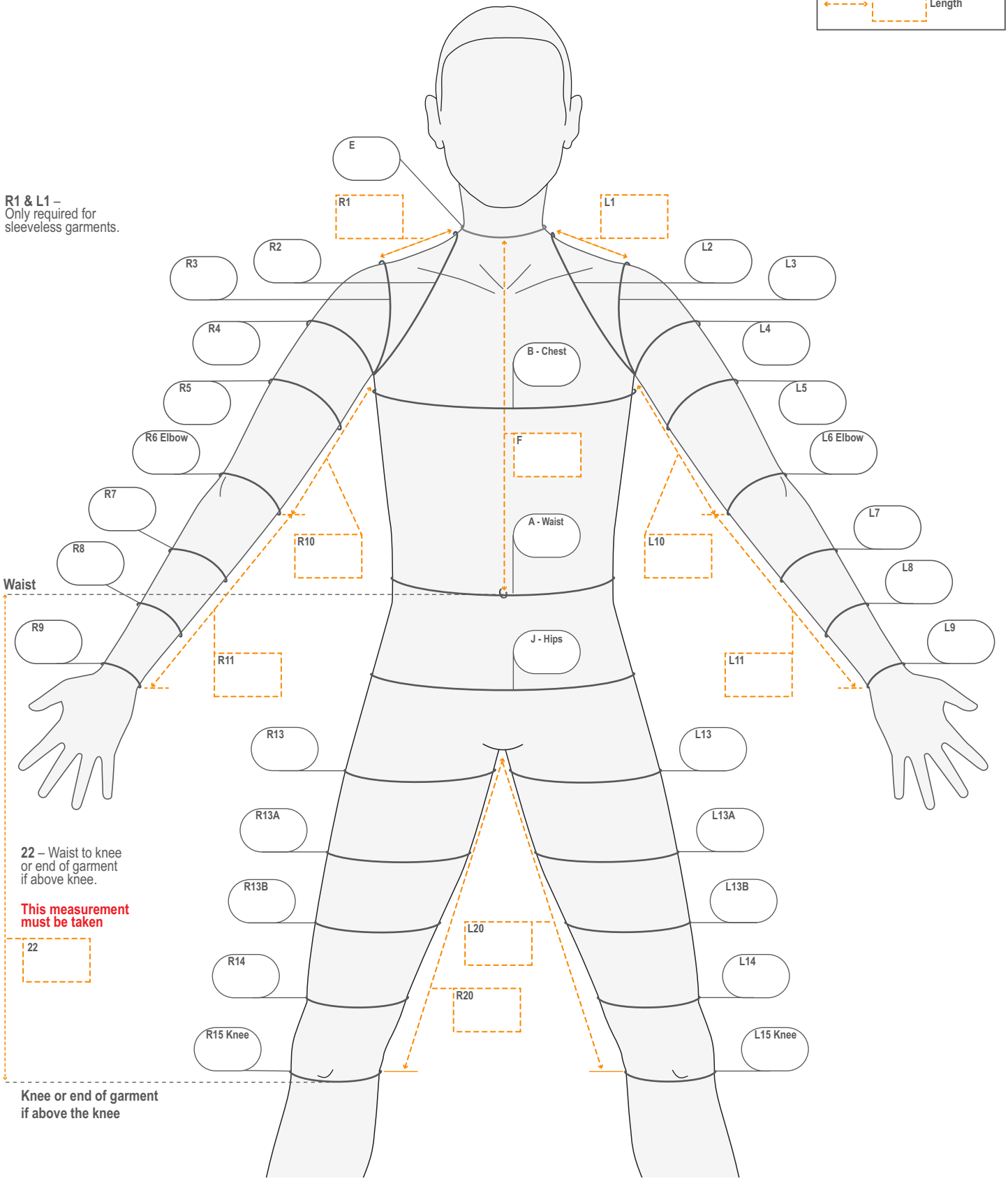
Order No.: _____ **Patient Reference No.:** _____

Please use this outline in conjunction with the guide and grids on pages 4 & 5

To record measurements type them in the boxes below or in the corresponding grid on the next page, both fill simultaneously.

KEY
Circumference
Length



R1 & L1 – Only required for sleeveless garments.

22 – Waist to knee or end of garment if above knee.

This measurement must be taken

22

Knee or end of garment if above the knee

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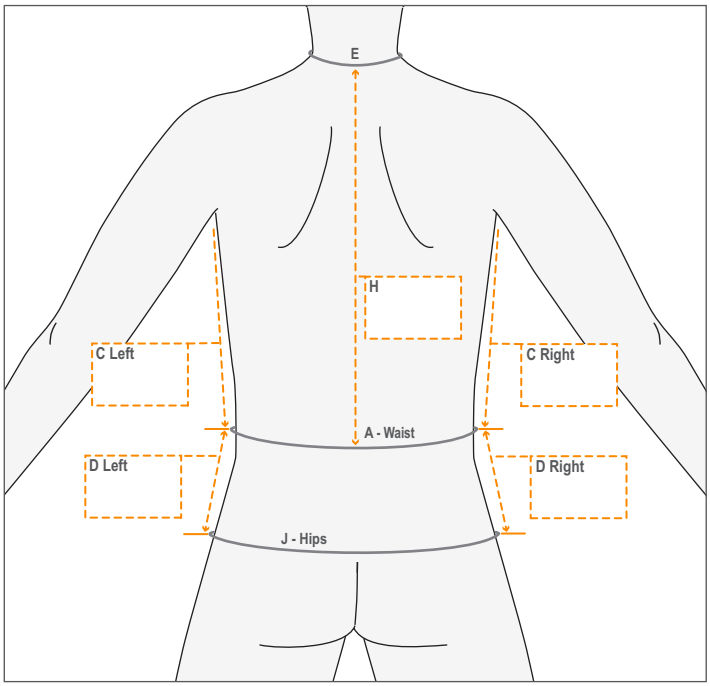
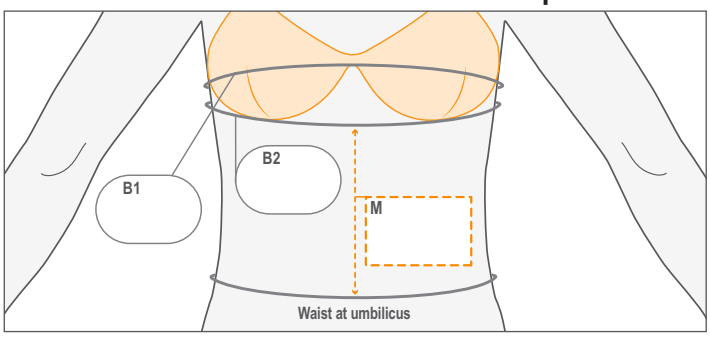


Torso Circumference Measurements		Left (cm)	Right (cm)
A	Waist at umbilicus		
B	Chest at axilla level		
E	Neck below Adam's apple		
J	Hips		
2	Base of neck around axilla and back		
3	Around shoulder joint over acromion		

Length Measurements		Left (cm)	Right (cm)
C	Into anterior axilla to waist (front view)		
D	Waist to hips or end of garment		
F	Required front neckline to waist		
H	Required back neckline to waist		
1	Base of neck to acromion (for sleeveless garments only)		
10	Into anterior axilla to elbow joint/crease		
11	Elbow joint/crease to wrist		
20	Inside leg (into groin) to knee joint or required length if above knee		
22	Waist to knee or required length of garment if above knee		

Additional Measurements for Bra Cups



Bra Vest Circumference Measurements		(cm)
B1	Overbust circumference	
B2	Underbust circumference	

Bra Vest Length Measurement		(cm)
M	Waist to under bust length	

Limb measurements: The new range can be measured using either method A using a traditional measure tape or method B using our specialised limb paper tapes, to record the arm/leg/limb measurements.

Method A

		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		
13	Top of thigh level with gluteal fold		
13a	Upper thigh		
13b	Mid thigh		
14	Lower thigh		
15	Knee joint (in line with mid patella)		

Method B

Arm (Use PINK paper tape for the arm)

Left (cm)		Right (cm)
	Distal Pleat	
	Wrist	
	-4½	
	-3	
	-1½	
	0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	Elbow 9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	
	Axilla	
	Proximal Pleat	

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Order No.: _____ Patient Reference No.: _____

Method B

Leg (use PURPLE paper tape)

Left (cm)		Right (cm)
	Distal Pleat	
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	Proximal Pleat	

Please note: When selecting the sleeve and leg elastic finish, all options are included in the finished length, indicated by the paper tapes recorded above. (This includes the CUFF finish)

All Other Style Options

		Left	Right
Axilla shape:	Insert (centre seam)	☐	☐
	Gusset horizontal (no centre seam)	☐	☐
	Gusset vertical (no centre seam)	☐	☐
Axilla shape fabric:	Same as base fabric	☐	☐
	Lining	☐	☐
	Base fabric + lining	☐	☐
No Axilla shape:	Seam lined	☐	☐
	Seam not lined	☐	☐
Stand up turtleneck collar (give height) ☐			cm
Grandad collar (give height) ☐			cm
Sleeve elastic:	Overlock (no elastic)	☐	☐
	Regular (inverted) 1.5cm	☐	☐
	Regular (inverted) 2.5cm	☐	☐
	Regular (inverted) 5cm	☐	☐
	Cuff 1.5cm	☐	☐
	Cuff 2.5cm	☐	☐
	Cuff 5cm	☐	☐
	Silicone Regular (inverted) 2.5cm	☐	☐
	Silicone Regular (inverted) 5cm	☐	☐
	Silicone cuff 2.5cm	☐	☐
	Silicone cuff 5cm	☐	☐

		Left	Right
Distal leg elastic:	Overlock (no elastic)	☐	☐
	Regular (inverted) 1.5cm	☐	☐
	Regular (inverted) 2.5cm	☐	☐
	Regular (inverted) 5cm	☐	☐
	Cuff 1.5cm	☐	☐
	Cuff 2.5cm	☐	☐
	Cuff 5cm	☐	☐
	Silicone Regular (inverted) 2.5cm	☐	☐
	Silicone Regular (inverted) 5cm	☐	☐
	Silicone cuff 2.5cm	☐	☐
	Silicone cuff 5cm	☐	☐

Crotch

Crotch: ☐ Open ☐ Closed (standard – lined gusset)

Modifications

All the following items will be an additional charge

Bra Cup (tick if required – select one choice only)

Item description	Product Code	Left	Right
☐ Bra cup in base fabric as standard	1182	☐	☐
☐ Bra cup in base fabric and lined on the inside in polycotton	1184	☐	☐
Normal bra size (**must be provided**)			

Body Zipper – 1145 (tick if required)

Body Zipper (open ended):	☐ Front	☐ Back
Hook & eye (on fly behind the zip to assist donning)		☐

Limb Zippers – 1145 (tick if required)

Arm

Zipper placement	☐ Inside of fabric	☐ Outside of fabric
Position (please select: Medial, Lateral, Dorsal, Volar) _____	Left ☐	Right ☐
Length: _____ cm		
Hook & eye (on fly behind the zip to assist donning)		☐

Leg

Zipper placement	☐ Inside of fabric	☐ Outside of fabric
Position (please select: Medial or Lateral) _____	Left ☐	Right ☐
Length: _____ cm		
Hook & eye (on fly behind the zip to assist donning)		☐

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Inset Zippers – 1144 (tick if required)

Use placement pad to mark position if required			
Arm			
Extremity	☐ Distal	☐ Proximal	
Zipper placement	☐ Inside of fabric	☐ Outside of fabric	
Position (please select: Medial, Lateral, Dorsal, Volar)		Left	Right
_____		☐	☐
Length: _____ cm			
Leg			
Zipper placement	☐ Inside of fabric	☐ Outside of fabric	
Position (please select: Medial or Lateral)		Left	Right
_____		☐	☐
Length: _____ cm			

Sleeve Linings

		Left	Right
Inner elbow lining (to protect fragile skin and provide comfort if required)	1167	☐	☐
Full elbow lining (as above)	1168	☐	☐

Silon-TEX® II Insert

Silon-TEX® II fabric (sewn into garment)	1191	☐ Use placement pad to mark position

Sleeve Seams (standard is medial - inner)

		Left	Right
Lateral (outer) - if you need to move seam away from the scar area	1143	☐	☐

Please note: not available with a vertical gusset axilla option.

Leg Seams (standard is medial - inner)

		Left	Right
Lateral (outer) - if you need to move seam away from the scar area	1143	☐	☐

Pockets & Pads

Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	☐ Use placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	☐ Use placement pad to mark position

Foam Pads (to insert into pocket, please select foam thickness)

Low profile 5mm	1178	☐
Low density 20mm	1179	☐
High density 25mm	1180	☐

Reinforcement Panels

(Tick if required)	Product Code	1157

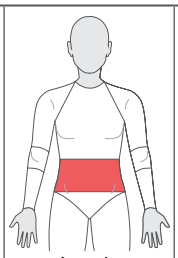
The addition of specific panels provides a prolonged soft tissue stretch, promotes posture and body realignment during scar maturation

Panels will match the base fabric colour

☐ AAP
Anterior Abdominal Panel

To provide extra lumbar support Please specify length of panel from umbilicus:

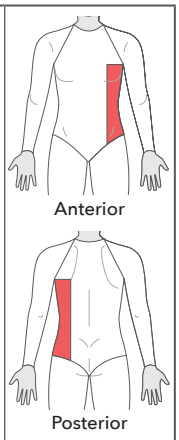
_____cm



☐ LF
Lateral Flexion Panel

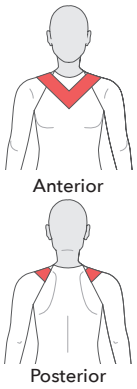
Anterior and posterior panel to correct lateral flexion

Please tick
☐ Left ☐ Right



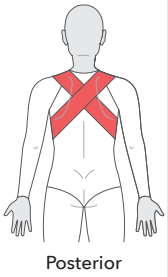
☐ UBR1
Upper Back Reinforcing Panel

To provide stretch and realignment into protraction of the scapulae for scarring to the upper back



☐ UBR2
Upper Back Reinforcing Panel

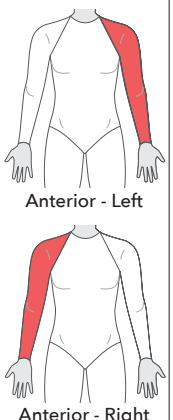
To provide stretch and realignment into retraction of the scapulae and back extension for scarring to the upper back



☐ UAR
Upper Anterior Realignment Panel

To provide stretch and realignment of the elbow into flexion to reduce extension

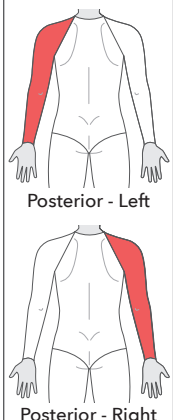
Please tick
☐ Left ☐ Right



☐ UPR
Upper Posterior Realignment Panel

To provide stretch and realignment of the elbow into extension to reduce flexion

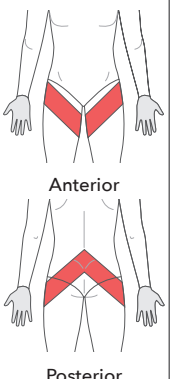
Please tick
☐ Left ☐ Right



☐ AER
Assisting External Rotation Panels

To provide stretch and realignment of the hips by assisting external rotation to reduce internal rotation

Please tick
☐ Left ☐ Right



☐ AIR
Assisting Internal Rotation Panels

To provide stretch and realignment of the hips by assisting internal rotation to reduce external rotation

Please tick
☐ Left ☐ Right