



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

Vest & Leotard 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)

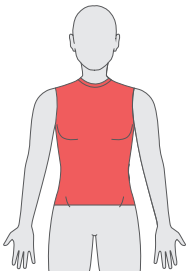
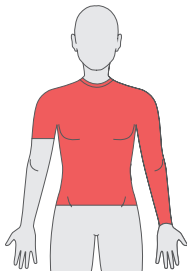
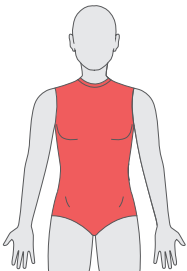
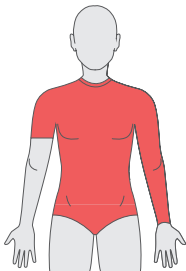
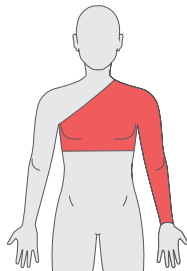
☐ Type 5
(brown dark brown)

☐ Type 6
(brown, very dark brown to black)

Printed Q10:

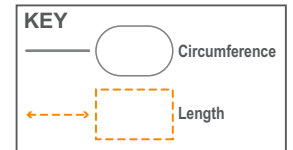
☐ Fairy & Castle☐ Dinosaurs

Garment (please indicate)

<div><input type="checkbox"/> PO 0525 Vest No Sleeves</div> <div><input type="checkbox"/> Bra cups</div> <div></div>	<div><input type="checkbox"/> PO 0527 Vest with Short or Long Sleeves</div> <div><div><input type="checkbox"/> Short sleeve<input type="checkbox"/> Long sleeve</div><div><input type="checkbox"/> Bra cups</div></div> <div></div>	<div><input type="checkbox"/> PO 0530 Leotard No Sleeves</div> <div><input type="checkbox"/> Bra cups</div> <div></div>	<div><input type="checkbox"/> PO 0531 Leotard with Short or Long Sleeves</div> <div><div><input type="checkbox"/> Short sleeve<input type="checkbox"/> Long sleeve</div><div><input type="checkbox"/> Bra cups</div></div> <div></div>	<div><input type="checkbox"/> PO 0503 Arm sleeve (Without a Shoulder Flap)</div> <div><div><input type="checkbox"/> Short sleeve<input type="checkbox"/> Long sleeve</div><div><div><input type="checkbox"/> Left<input type="checkbox"/> Right</div></div></div> <div></div>
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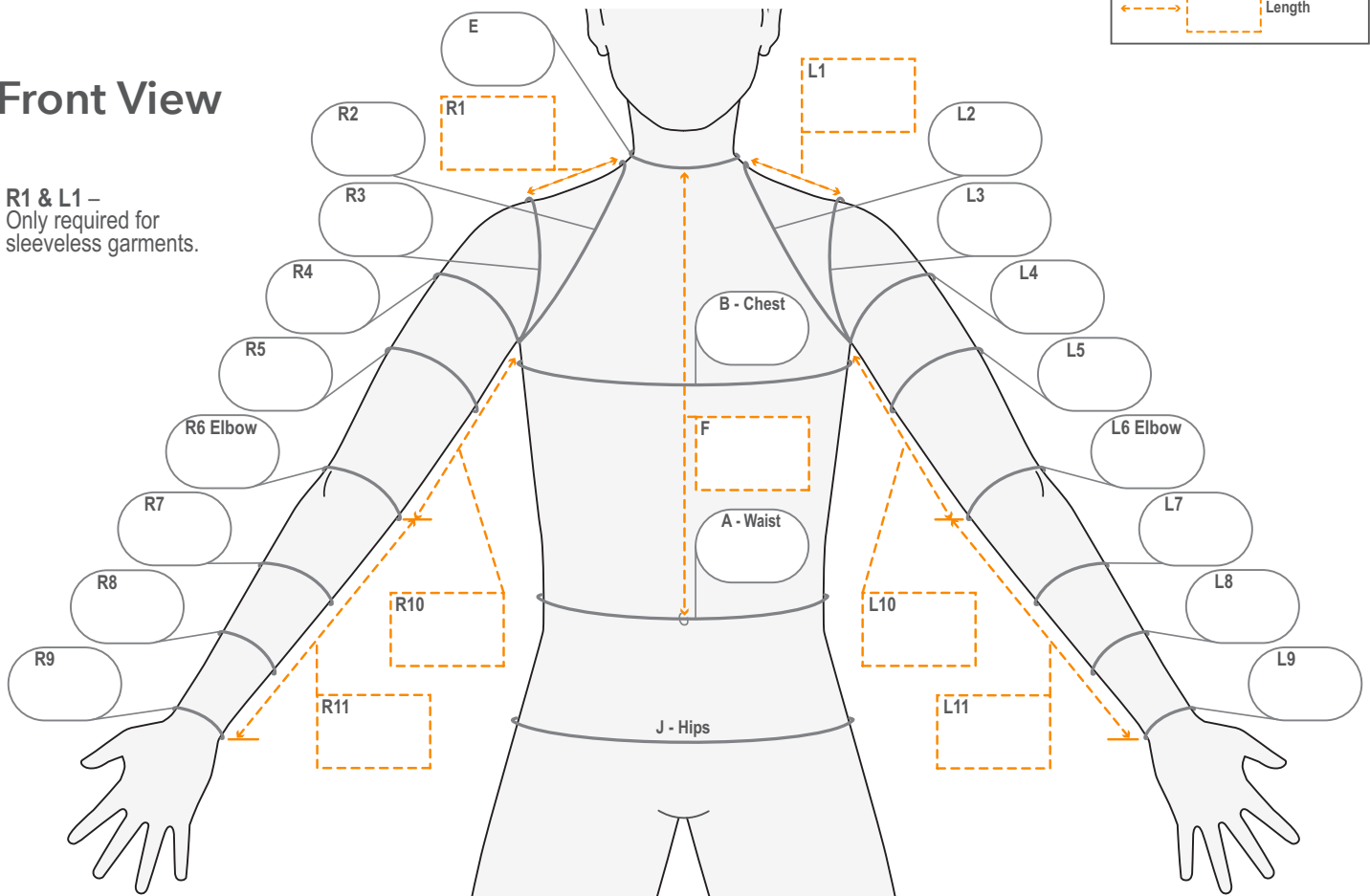
Order No.: _____ Patient Reference No.: _____

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.

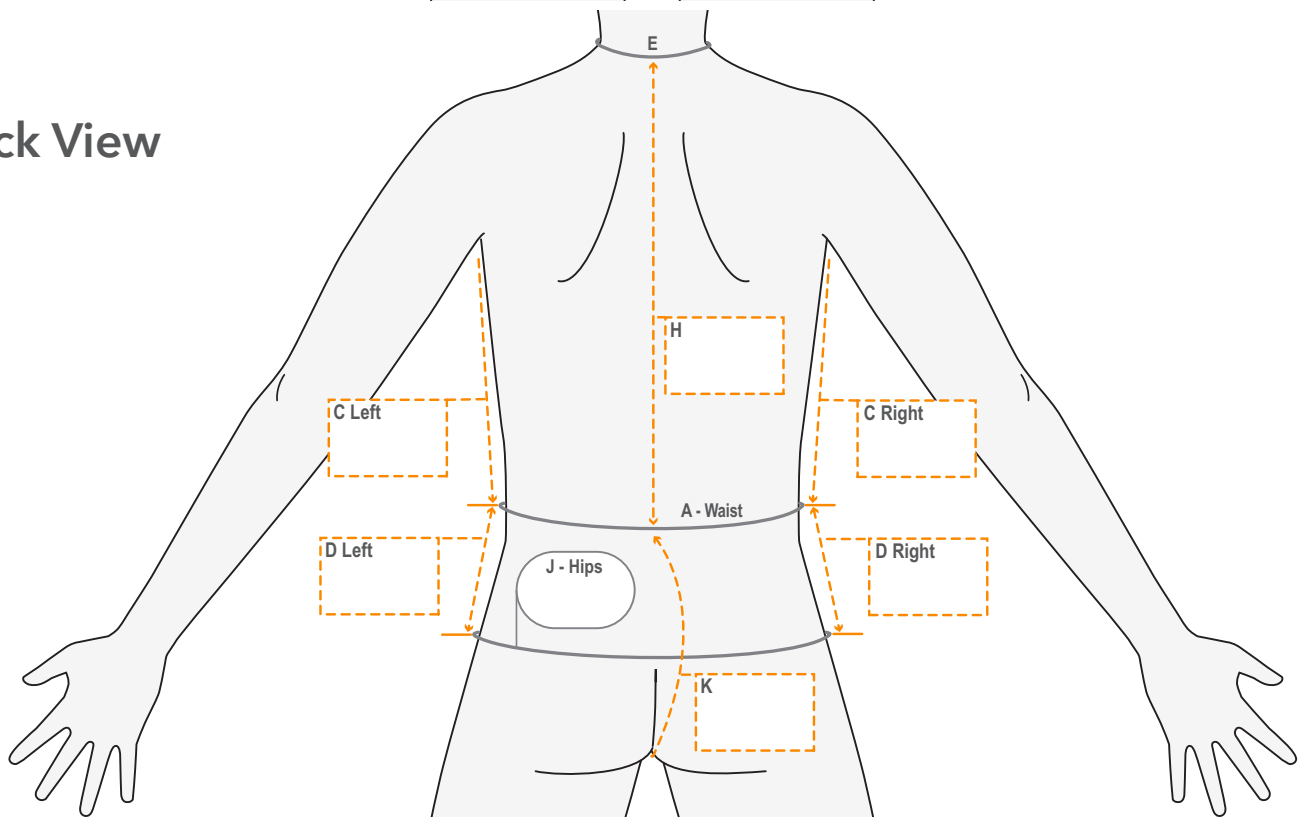


Front View

R1 & L1 –
Only required for
sleeveless garments.



Back View



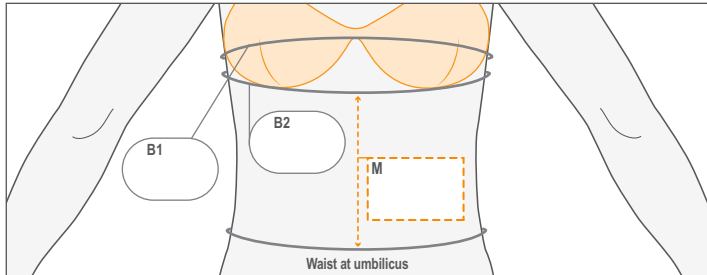
Vest & Leotard Order Form

Order No.: _____ Patient Reference No.: _____

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		

Torso 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		

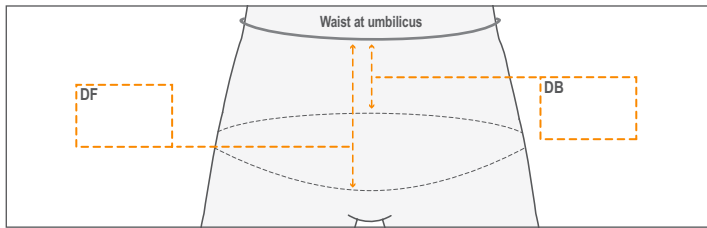
Additional Measurements for Bra Cups



Circumference Measurements		(cm)
B1	Overbust circumference	
B2	Underbust circumference	

Length Measurement		(cm)
M	Waist to under bust length	

Back & Front Scoop end of vest (if required)



Length Measurements		(cm)
DF	Waist down to end of garment at the front	
DB	Waist down to end of garment at the back	

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/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		

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	

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

PO 0503: One Arm Sleeve Garment only

Required measurements:

Circumference measurements: 2 - 9, A, B

Length measurements: 10, 11, C

Please note: Circumference measurement A is taken at the required finished length.

Vest & Leotard Order Form

Order No.: _____ Patient Reference No.: _____

Style Options for PO 0503 - One Arm
Sleeve Garment only

		Left	Right
<input type="checkbox"/> Pull on over the head			
Velcro fastening: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Centre			
Zipper fastening: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Centre			
Sleeve elastic:	Overlock (no elastic)	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 1.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 1.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
Silicone cuff 5cm	<input type="checkbox"/>	<input type="checkbox"/>	

All Other Style Options	Left	Right
Axilla shape:	Insert (centre seam)	<input type="checkbox"/>
	Gusset horizontal (no centre seam)	<input type="checkbox"/>
	Gusset vertical (no centre seam)	<input type="checkbox"/>
Axilla shape fabric:	Same as base fabric	<input type="checkbox"/>
	Lining	<input type="checkbox"/>
	Base fabric + lining	<input type="checkbox"/>
No Axilla shape:	Seam lined	<input type="checkbox"/>
	Seam not lined	<input type="checkbox"/>
Sleeve elastic:	Overlock (no elastic)	<input type="checkbox"/>
	Regular (inverted) 1.5cm	<input type="checkbox"/>
	Regular (inverted) 2.5cm	<input type="checkbox"/>
	Regular (inverted) 5cm	<input type="checkbox"/>
	Cuff 1.5cm	<input type="checkbox"/>
	Cuff 2.5cm	<input type="checkbox"/>
	Cuff 5cm	<input type="checkbox"/>
	Silicone Regular (inverted) 2.5cm	<input type="checkbox"/>
	Silicone Regular (inverted) 5cm	<input type="checkbox"/>
	Silicone cuff 2.5cm	<input type="checkbox"/>
Silicone cuff 5cm	<input type="checkbox"/>	

Waist elastic: (distal end)	
Regular <input type="checkbox"/> 2.5cm elastic <input type="checkbox"/> 5cm elastic	
Silicone <input type="checkbox"/> 2.5cm elastic <input type="checkbox"/> 5cm elastic	
Stand up turtleneck collar (give height) <input type="checkbox"/>	cm
Grandad collar (give height) <input type="checkbox"/>	cm
Velcro tabs to attach to shorts/leggings (set of 4) <input type="checkbox"/>	
Crotch finishing: <input type="checkbox"/> Poppers <input type="checkbox"/> Velcro	

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
<input type="checkbox"/> Bra cup in base fabric as standard	1182	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bra cup in base fabric and lined on the inside in polycotton	1184	<input type="checkbox"/>	<input type="checkbox"/>

Normal bra size (must be provided)

Body Zipper - 1145 (tick if required)

Body Zipper (open ended): <input type="checkbox"/> Front <input type="checkbox"/> Back	
Hook & eye (on fly behind the zip to assist donning)	<input type="checkbox"/>

Limb Zippers - 1145 (tick if required)

Arm		
Zipper placement <input type="checkbox"/> Inside of fabric <input type="checkbox"/> Outside of fabric		
Position (please select: Medial, Lateral, Dorsal, Volar)	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Length: _____ cm		
Hook & eye (on fly behind the zip to assist donning)	<input type="checkbox"/>	

Inset Zippers - 1144 (tick if required)

Use placement pad to mark position if required			
Arm			
Extremity <input type="checkbox"/> Distal <input type="checkbox"/> Proximal			
Zipper placement <input type="checkbox"/> Inside of fabric <input type="checkbox"/> Outside of fabric			
Position (please select: Medial, Lateral, Dorsal, Volar)	Left <input type="checkbox"/>	Right <input type="checkbox"/>	
Length: _____ cm			

Sleeve Linings

Inner elbow lining (to protect fragile skin and provide comfort if required)	1167	<input type="checkbox"/>	<input type="checkbox"/>
Full elbow lining (as above)	1168	<input type="checkbox"/>	<input type="checkbox"/>

Silon-TEX® II Insert

Silon-TEX® II fabric (sewn into garment)	1191	<input type="checkbox"/> Use placement pad to mark position
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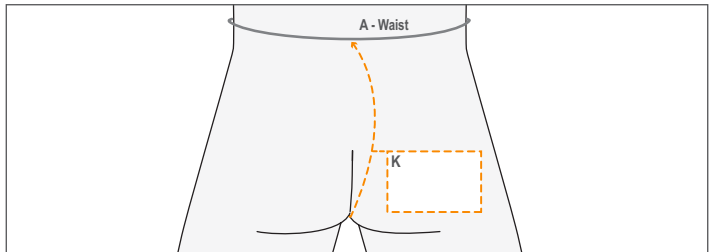
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Sleeve Seams (standard is medial - inner)		Left	Right
Lateral (outer) - if you need to move seam away from the scar area	1143	<input type="checkbox"/>	<input type="checkbox"/>

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

Nappy Strap - 0001



Length Measurement		(cm)
K	Measurement K (must be provided)	

<input type="checkbox"/> Detachable with velcro back and front of garment
<input type="checkbox"/> Sewn at front and velcro fastened at back of garment

Pockets & Pads

Item description	Product Code	
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	<input type="checkbox"/> Use placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	<input type="checkbox"/> Use placement pad to mark position

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

Low profile 5mm	1178	<input type="checkbox"/>
Low density 20mm	1179	<input type="checkbox"/>
High density 25mm	1180	<input type="checkbox"/>

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		

<input type="checkbox"/> AAP Anterior Abdominal Panel To provide extra lumbar support Please specify length of panel from umbilicus: _____ cm	 Anterior	<input type="checkbox"/> LF Lateral Flexion Panel Anterior and posterior panel to correct lateral flexion Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 Anterior Posterior
<input type="checkbox"/> UBR1 Upper Back Reinforcing Panel To provide stretch and realignment into protraction of the scapulae for scarring to the upper back	 Anterior Posterior	<input type="checkbox"/> UBR2 Upper Back Reinforcing Panel To provide stretch and realignment into retraction of the scapulae and back extension for scarring to the upper back	 Posterior
<input type="checkbox"/> UAR Upper Anterior Realignment Panel To provide stretch and realignment of the elbow into flexion to reduce extension Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 Anterior - Left Anterior - Right	<input type="checkbox"/> UPR Upper Posterior Realignment Panel To provide stretch and realignment of the elbow into extension to reduce flexion Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 Posterior - Left Posterior - Right