

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

Shorts & Leggings Order Form

All fields are required in order to process your order

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

☐ 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)

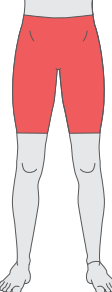


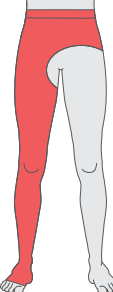


☐ Type 6
(brown, very dark, brown to black)

Printed Q10:

☐ Fairy & Castle

☐ Dinosaurs

Garment (please indicate)

<div><input type="checkbox"/> PO 1119</div> <div>Leggings Short Leg</div> <div><input type="checkbox"/> Open Crotch</div> <div><input type="checkbox"/> Closed Crotch</div> <div></div>	<div><input type="checkbox"/> PO 1111</div> <div>Leggings Below Knee, Any Length, No Feet</div> <div><input type="checkbox"/> Open Crotch</div> <div><input type="checkbox"/> Closed Crotch</div> <div></div>	<div><input type="checkbox"/> PO 0201</div> <div>Leg Sleeve, Any Length With or Without Feet</div> <div><input type="checkbox"/> Left</div> <div><input type="checkbox"/> Right</div> <div><input type="checkbox"/> With Feet</div> <div><input type="checkbox"/> Without Feet</div> <div><input type="checkbox"/> PO 0015</div> <div>Knee Band</div> <div></div>	<div><input type="checkbox"/> PO 1103</div> <div>Waist Height One Leg, Open Pubis With or Without Feet</div> <div><input type="checkbox"/> Left</div> <div><input type="checkbox"/> Right</div> <div><input type="checkbox"/> With Feet</div> <div><input type="checkbox"/> Without Feet</div> <div></div>	<div><input type="checkbox"/> PO 1101</div> <div>Waist Height Two Legs With Feet</div> <div><input type="checkbox"/> Open Toes</div> <div><input type="checkbox"/> Closed Toes</div> <div><input type="checkbox"/> Open Crotch</div> <div><input type="checkbox"/> Closed Crotch</div> <div></div>	<div><input type="checkbox"/> PO 1134</div> <div>Waist Height, One or Two Stump With or Without Feet</div> <div><input type="checkbox"/> Left</div> <div><input type="checkbox"/> Right</div> <div><input type="checkbox"/> Both</div> <div><input type="checkbox"/> Open Crotch</div> <div><input type="checkbox"/> Closed Crotch</div> <div><input type="checkbox"/> With Feet</div> <div><input type="checkbox"/> Without Feet</div> <div></div>
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Please use this outline in conjunction with the guide and grids on page 4

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

KEY

—○— Circumference

- - - - - Length

Waist

Knee

22 – Waist to knee or end of garment if above knee.
This measurement must be taken

D – Measure waist to required depth of band for PO 1103 only

Strap R

Strap L

B

A - Waist

J - Hips

C

D

R13

L13

R13A

L13A

R13B

L13B

R14

L14

R15 Knee

L15 Knee

R16

L16

R17

L17

R18

L18

R19

L19

R24

L24

R25

L25

R26

L26

R27

L27

R28

L28

R28A

L28A

R29

L29

R20

L20

R21

L21

Shorts & Leggings Order Form

Order No.: _____ Patient Reference No.: _____

Torso Circumference Measurements		(cm)
A	Waist at umbilicus	
J	Hips	

Limb Length Measurements:

Measurement 22 must be taken. Without this, we are unable to process your order

		Left (cm)	Right (cm)
20	Inside leg (into groin) to knee joint or required length if above knee		
21	Knee joint to ankle or required length		
22	Waist to knee or required length of garment if above knee		

PO 1103 Waist Height, One Leg only

Length Measurement		(cm)
D	Waist to hips - PO 1103 only (width of waist band)	

High waisted shorts & leggings only

Circumference Measurements

B	Top of shorts or leggings	
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Length Measurements		Left (cm)	Right (cm)
C	Top of shorts to waist		
Strap	Length of shoulder straps (only if shoulder straps are required) Polycotton material with adjustable D-ring fastener		

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 leg/limb measurements.

Method A

		Left (cm)	Right (cm)
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)		
16	Upper calf		
17	Mid calf		
18	Lower calf		
19	Ankle at upper margin of medial malleolus		
24	Around foot and heel under malleolus		
25	Instep or waist of foot		
26	Foot at metatarsal heads		

Foot Length Measurements:

Measurements 27, 28, 28a & 29 are required if you are ordering garments with feet.

		Left (cm)	Right (cm)
27	Upper margin medial malleolus to sole of foot		
28	Metatarsal heads to heel (medial)		
28a	From metatarsal heads to heel on lateral border		
29	Metatarsal heads to tip of toes (medial)		

Method B

Do no use for product code PO 0015

Full Leg (use PURPLE paper tape for a full leg)

(Please put a tick to indicate the patella [kneecap] position below)

Left (cm)		Right (cm)
	Distal Pleat	
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	Heel 0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	+31½	
	+33	
	+34½	
	+36	
	Proximal Pleat	

Please put a tick to indicate the patella [kneecap] position

Please put a tick to indicate the patella [kneecap] position

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

For closed toe only

	Left (cm)	Right (cm)
Foot length required		

Shorts & Leggings Order Form

Order No.: _____ Patient Reference No.: _____

Method A

PO 0015 Knee Band only

Circumference Measurements		Left (cm)	Right (cm)
14	Lower thigh		
15	Knee joint (in line with mid patella)		
16	Upper calf		

Overall length (maximum 20cms):

All Other Style Options

		Left	Right
Distal leg 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"/>
Proximal 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"/>
Waist elastic:			
Regular (inverted): <input type="checkbox"/> 2.5cm elastic <input type="checkbox"/> 5cm elastic			
Cuff: <input type="checkbox"/> 2.5cm elastic <input type="checkbox"/> 5cm elastic			
Silicone Regular (inverted): <input type="checkbox"/> 2.5cm elastic <input type="checkbox"/> 5cm elastic			
Silicone Cuff: <input type="checkbox"/> 2.5cm elastic <input type="checkbox"/> 5cm elastic			
Ankle contracture seam (at front of ankle for shaping only)		<input type="checkbox"/>	<input type="checkbox"/>
Velcro tabs to attach to vest (set of 4)			<input type="checkbox"/>

Crotch

Crotch: <input type="checkbox"/> Open <input type="checkbox"/> Closed (standard - lined gusset)
Please select the fly opening below if you choose closed crotch
<input type="checkbox"/> None <input type="checkbox"/> Boxer (vertical opening) <input type="checkbox"/> Zipper (vertical)
<input type="checkbox"/> Pouch (horizontal opening in Powernet)
<input type="checkbox"/> Diagonal fly: (choose option) <input type="checkbox"/> Standard lining fabric (light pressure) <input type="checkbox"/> Powernet fabric (for a snug fit)

Modifications

All the following items will be an additional charge

Limb Zippers - 1145 (tick if required)

Leg		
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 or Lateral)	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Length: _____ cm		
Hook & eye (on fly behind the zip to assist donning) <input type="checkbox"/> <input type="checkbox"/>		

Inset Zippers - 1144 (tick if required)

Use placement pad to mark position if required		
Leg		
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 or Lateral)	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Length: _____ cm		

Knee Linings

Item description	Product Code	Left	Right
Lining full knee (to protect fragile skin and provide comfort if required)	1183	<input type="checkbox"/>	<input type="checkbox"/>
Lining behind knee (as above) Please mark on the tape to indicate the knee position	0040	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the patella (kneecap) position on the grid if using Method B - paper tapes

Reinforcements

Reinforced knee (lining at front for high wear area)	1186	<input type="checkbox"/>	<input type="checkbox"/>
Reinforced heel (for high wear area to reinforce)	1187	<input type="checkbox"/>	<input type="checkbox"/>
Non-slip silicone sole of foot	1188	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the patella (kneecap) position on the grid if using Method B - paper tapes

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Toes

Item description	Product Code	Left	Right
Self enclosed toe in base fabric (no seams)	1159	<input type="checkbox"/>	<input type="checkbox"/>
Soft enclosed toe in lining fabric	1160	<input type="checkbox"/>	<input type="checkbox"/>

Braces

Braces/straps with Velcro®	1162	<input type="checkbox"/> Detachable with Velcro®
Length: _____ cm (must be given)		<input type="checkbox"/> Sewn, not detachable

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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Leg Seams (standard is medial - inner)

	Left	Right
Lateral (outer) - if you need to move seam away from the scar area	<input type="checkbox"/>	<input type="checkbox"/>

This option is only available for garments without feet.

Pockets & Pads

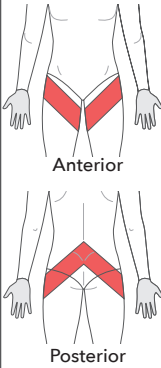
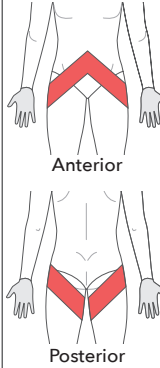
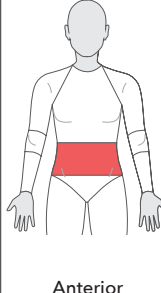
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	<input type="checkbox"/> Use placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	<input type="checkbox"/> Use placement pad to mark position

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"/> AER Assisting External Rotation Panels To provide stretch and realignment of the hips by assisting external rotation to reduce internal rotation Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 Anterior Posterior	<input type="checkbox"/> AIR Assisting Internal Rotation Panels To provide stretch and realignment of the hips by assisting internal rotation to reduce external rotation Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 Anterior Posterior
<input type="checkbox"/> AAP Anterior Abdominal Panel To provide extra lumbar support Please specify length of panel from umbilicus: _____ cm	 Anterior		