

## 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](http://www.jobskin.co.uk/file-download)

Gauntlet 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

Bindings - no binding choice available on gauntlet garments.

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

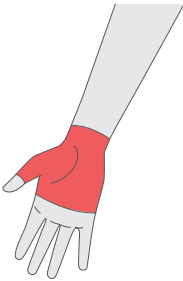
☐ Dinosaurs

Garment (please indicate)

☐ PO 0505  
Gauntlet up to 7.6cm above wrist  

☐ Left

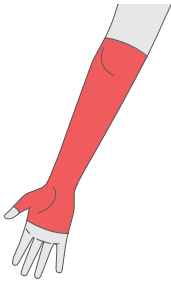
☐ Right



☐ PO 0536  
Gauntlet above 7.6cm to axilla or required finished length  

☐ Left

☐ Right

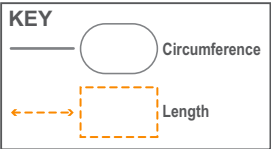


Please note: use one form per garment. E.g. If you are ordering both left and right gauntlets, please use two forms

Gauntlet Order Form

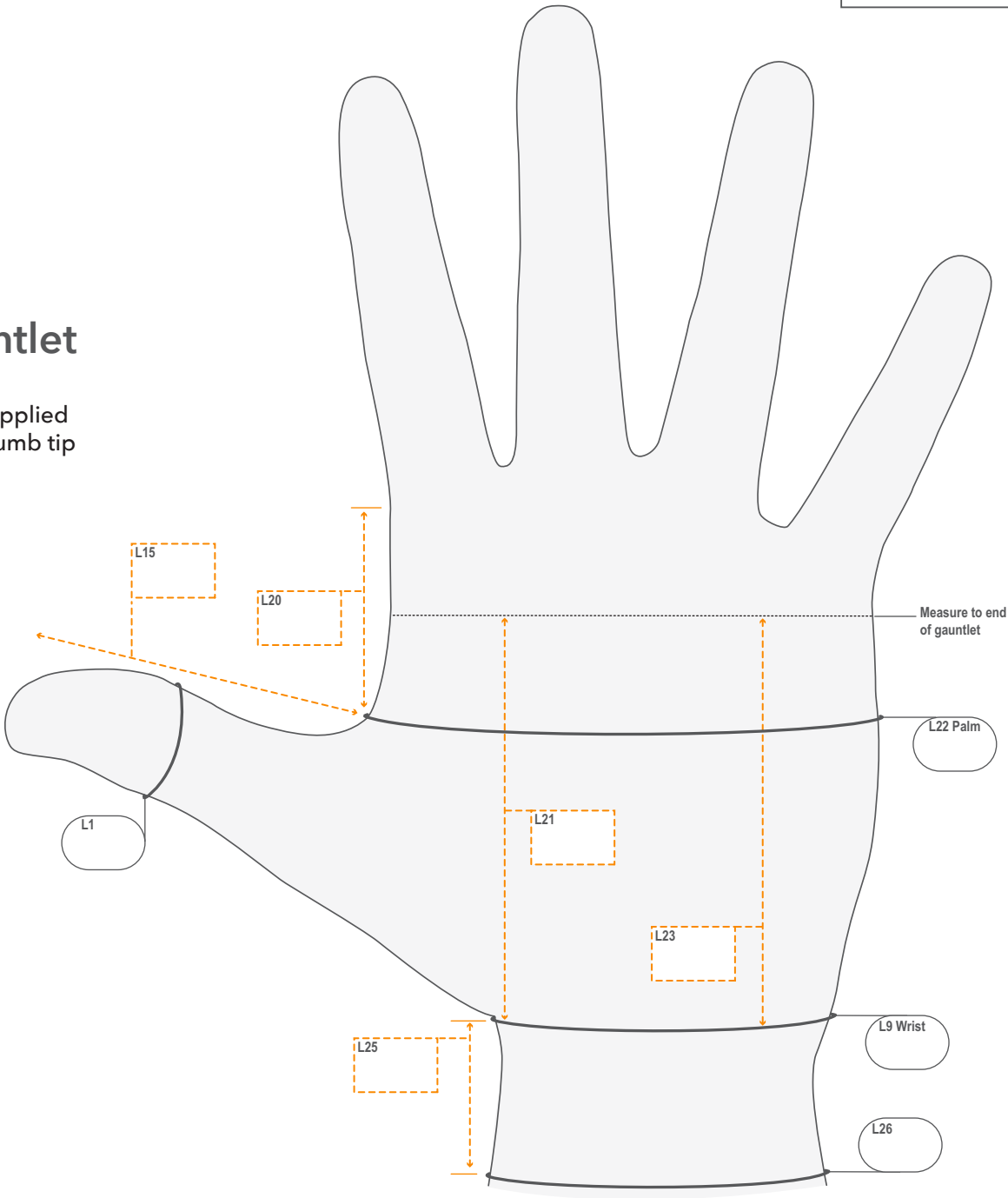
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

Please use this outline in conjunction with the guide and grids on page 5

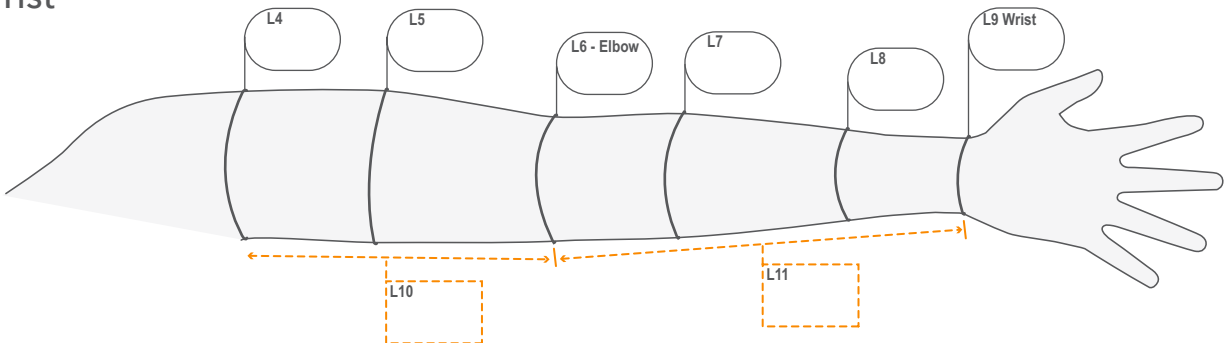


Left Gauntlet

Gauntlets are supplied with an open thumb tip



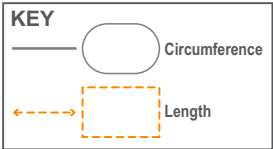
Left Arm  
For Gauntlet  
above wrist



Gauntlet Order Form

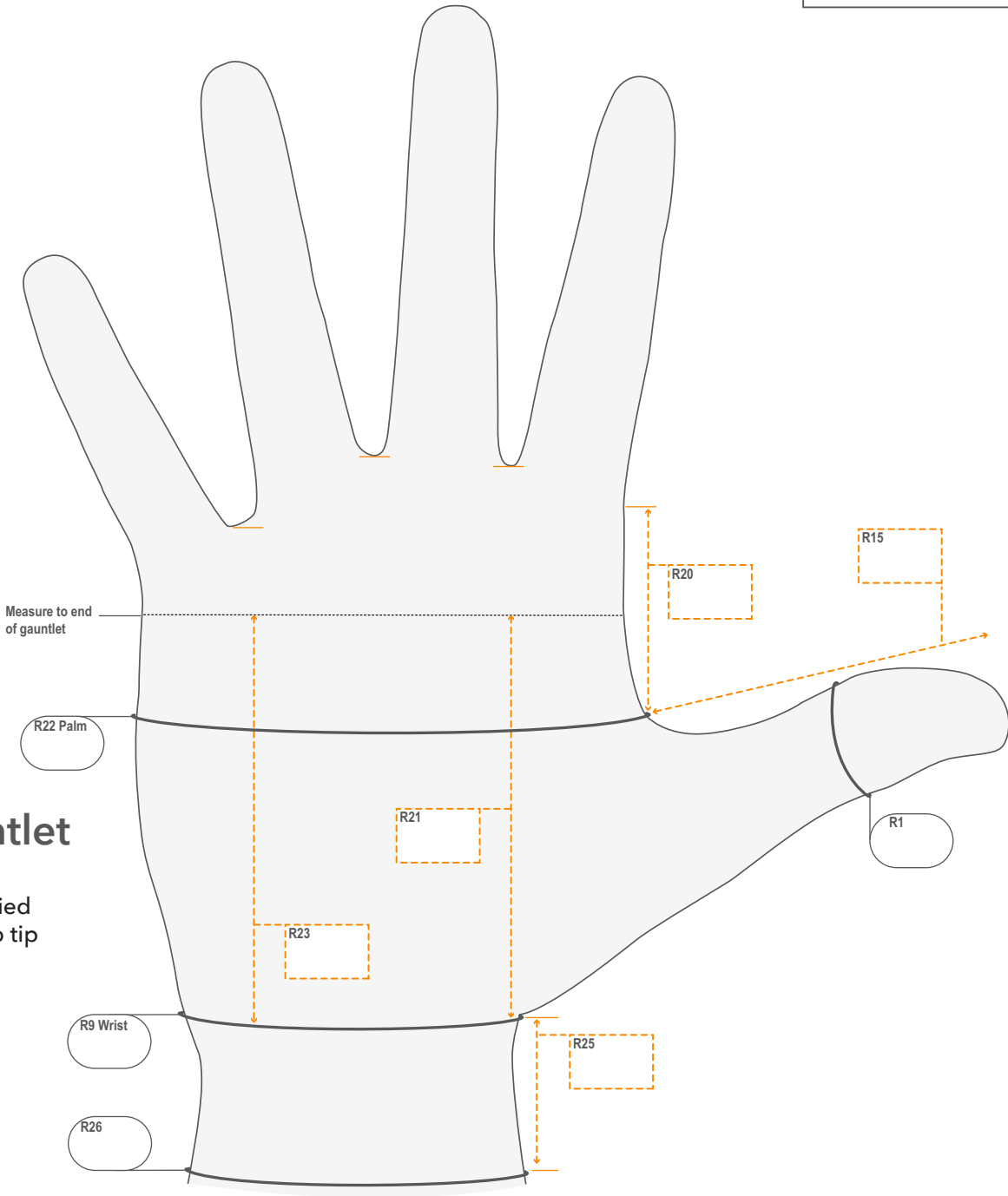
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

Please use this outline in conjunction with the guide and grids on page 5

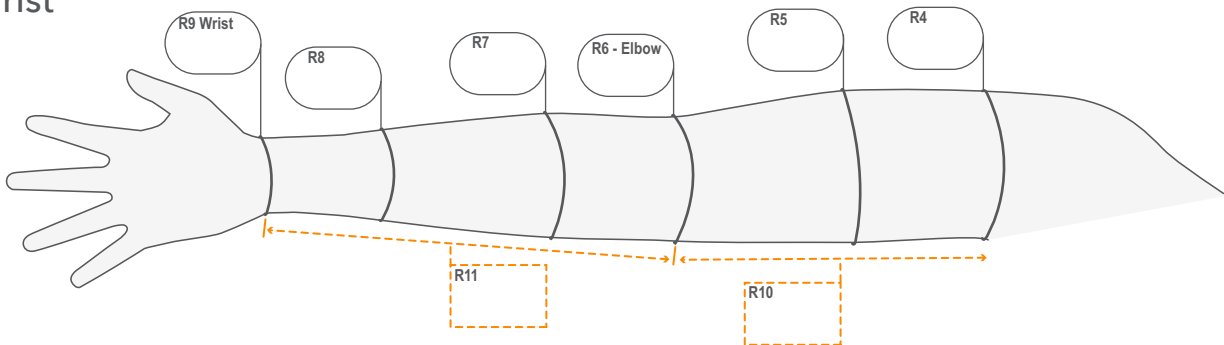


Right Gauntlet

Gauntlets are supplied with an open thumb tip



Right Arm  
For Gauntlet  
above wrist



Gauntlet Order Form

Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

Circumference Measurements		Left (cm)	Right (cm)
1	Thumb IP joint		
9	Wrist crease		
22	Palm (ensure palm is opened out fully)		
26	Finished length		

Length Measurements		Left (cm)	Right (cm)
10	From elbow joint/crease to axilla or required length		
11	From wrist crease to elbow or required length		
15	Thumb web to finished length		
20	* Thumb web to end of gauntlet		
21	* Wrist to end of gauntlet		
23	* Wrist to end of gauntlet		
25	Wrist to finished length of gauntlet		

\* Please Note: The lengths required for this style need to be to the length required and NOT to the web spaces.

**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:** For PO 0536 Gauntlet above 7.6cm to axilla or required finished length

		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 crease		

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

Gauntlet Order Form

Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

Style Options

Proximal elastic:	Overlock (no elastic)	Left	Right
	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"/>	
Distal 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"/>	

5cm elastic option is not recommended on gloves to wrist or elbow length

Sleeve Linings

Description	Product Code	Left	Right
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"/>

Reinforcements

Description	Product Code	Left	Right
Non-slip grip to palm (glove only)	1197	<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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Pockets & Pads

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"/>

Modifications

All the following items will be an additional charge

Zippers - 1145 (tick if required)

Gauntlet to wrist		
Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric
Position (please select: Ulnar, Radial, Radial Dorsal, Dorsal, Palmer)	Left	Right
	<input type="checkbox"/>	<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		
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	Right
	<input type="checkbox"/>	<input type="checkbox"/>
Length: _____ cm		