

## 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](mailto: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)

Sleeve 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 (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

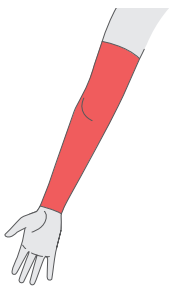
☐ Dinosaurs

Garment (please indicate)

☐ PO 0501  
Sleeve

☐ Left

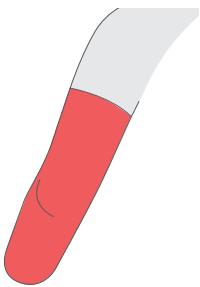
☐ Right



☐ PO 1140  
Stump Sleeve

☐ Left

☐ Right

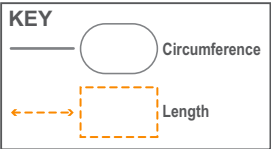


Please note: use one form per garment. E.g. If you are ordering both left and right sleeve, please use two forms

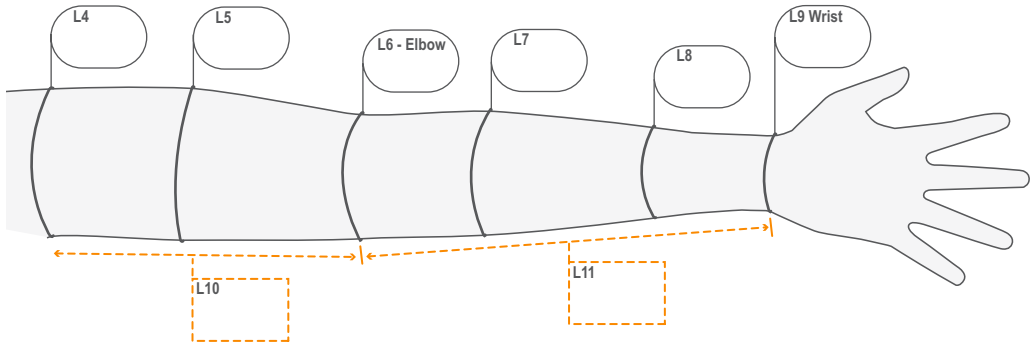
Sleeve Order Form

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

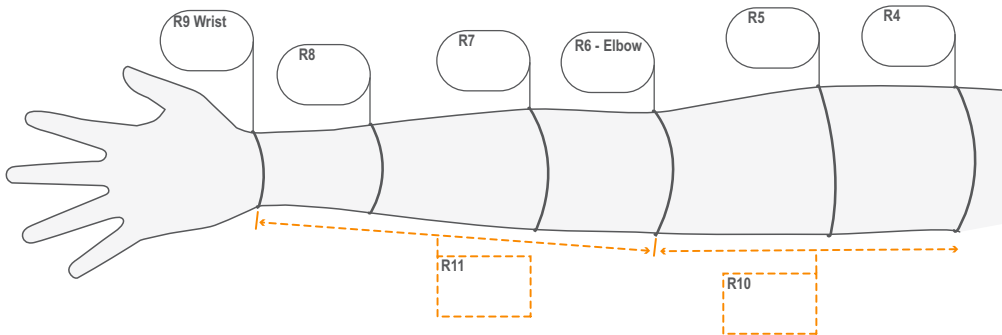
Please use this outline in conjunction with the guide and grids below  
To record measurements type them in the boxes below or in the corresponding grid, both fill simultaneously.



Left Sleeve



Right Sleeve



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		

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 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	

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)

## Sleeve Order Form

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

		Left	Right
<b>Distal elastic:</b>	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"/>	
<b>Proximal elastic:</b>	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"/>	

## Modifications

All the following items will be an additional charge

**Zippers - 1145** (tick if required)

<b>Arm</b>			
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			
Hook & eye (on fly behind the zip to assist donning)	<input type="checkbox"/>	<input type="checkbox"/>	

**Inset Zippers - 1144** (tick if required)

<b>Use placement pad to mark position if required</b>			
<b>Arm</b>			
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			

## 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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## 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"/>

## Pockets & Pads

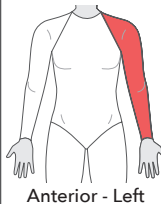
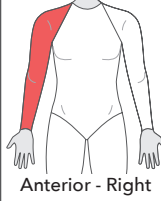
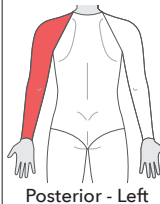
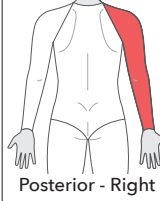
Description	Product Code	
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	<input type="checkbox"/> Use Silon-TEX® II placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	<input type="checkbox"/> Use Silon-TEX® II 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"/> <b>UAR</b> <b>Upper Anterior Realignment Panel</b> To provide stretch and realignment of the elbow into flexion to reduce extension Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 <p>Anterior - Left</p>  <p>Anterior - Right</p>	<input type="checkbox"/> <b>UPR</b> <b>Upper Posterior Realignment Panel</b> To provide stretch and realignment of the elbow into extension to reduce flexion Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 <p>Posterior - Left</p>  <p>Posterior - Right</p>
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