



## 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)

Socks Order Form

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Premium Original

Plain Powernet:

☐ Beige

☐ Tan

☐ Blossom

☐ Red

☐ Raspberry

☐ Classy Blue

☐ Denim Blue

☐ Black

☐ Pink Camo

☐ Green Camo

Printed Powernet:

☐ Unicorn

☐ Safari Car

☐ Paw Print

☐ Blue Camo

☐ Rainbow Unicorn

Zips

☐ None

☐ Colour Matching

Bindings - no binding choice available on sock 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

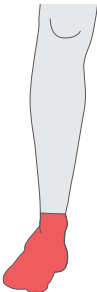
☐ Dinosaurs

Garment (please indicate)

☐ PO 0020  
New Premium Anklet  
Side seam design  

☐ Open Toe ☐ Closed Toe

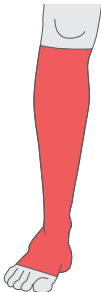
☐ Left ☐ Right



☐ PO 0021  
New Premium Knee Length Sock  
Side seam design  

☐ Open Toe ☐ Closed Toe

☐ Left ☐ Right



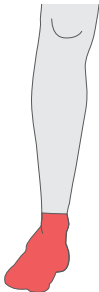
Use measurement method A for PO 0020 & PO 0021

Side seam design

☐ PO 0105  
Traditional Premium Anklet  
Back seam design  

☐ Open Toe ☐ Closed Toe

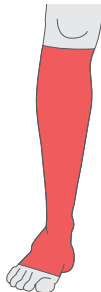
☐ Left ☐ Right



☐ PO 0101  
Traditional Premium Knee Length Sock  
Back seam design  

☐ Open Toe ☐ Closed Toe

☐ Left ☐ Right



Use measurement method B for PO 0105 & PO 0101

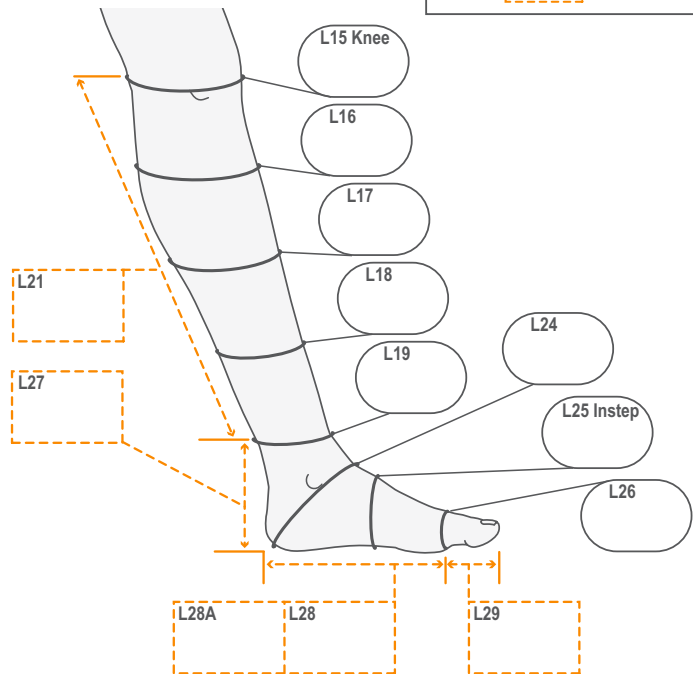
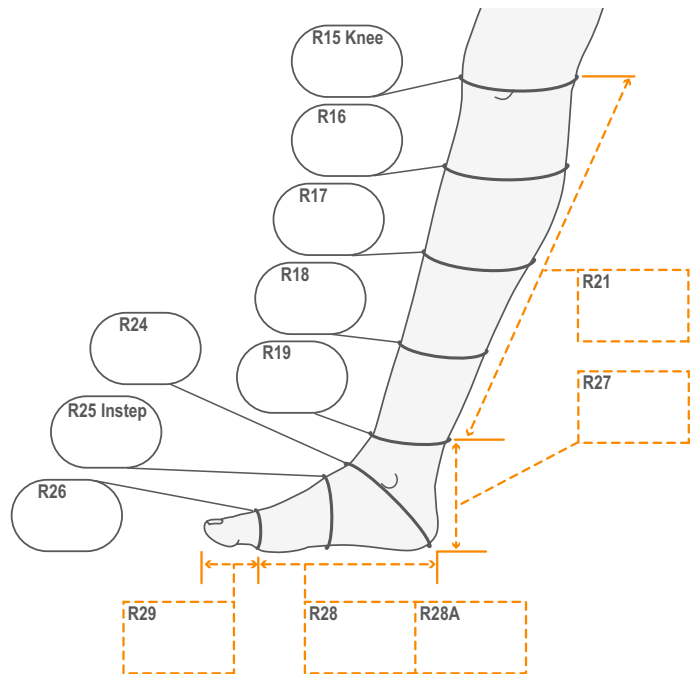
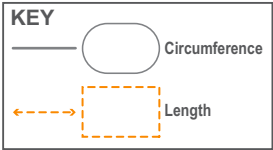
Back seam design

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

Socks 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.



Method A: For side seam designs with traditional tape measure

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

Length Measurements	Left (cm)	Right (cm)
21	Medial malleolus to required top of sock	
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)	

Sock closed toe only	Left (cm)	Right (cm)
Foot length required		

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

Method B: For back centre seam designs with paper tapes (no extra lengths required)

Half Leg (use GREEN paper tape for a half leg)

Left (cm)		Right (cm)
	Distal Pleat	
	Toe End	
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	Heel 0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	Knee End	
	Proximal Pleat	

Socks Order Form

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

All Other 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"/>
Ankle contracture seam (at front of ankle for shaping only)		<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"/>
	Cuff 1.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Modifications

All the following items will be an additional charge

Zippers - 1145 (tick if required)

Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric
Position (please select: Medial, Lateral or Posterior)	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		
Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric
Position (please select: Medial, Lateral or Posterior)	Left	Right
	<input type="checkbox"/>	<input type="checkbox"/>
Length: _____ cm		

Reinforcements

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"/>

Toes

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"/>

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

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"/>