



## 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)

Foot Glove 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 foot glove 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

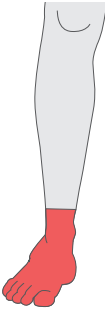
☐ Dinosaurs

Garment (please indicate)

☐ PO 0022  
New Premium  
Foot Glove to Ankle  
Side seam design  

☐ Left

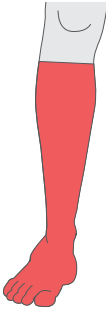
☐ Right



☐ PO 0023  
New Premium  
Foot Glove to Knee  
Side seam design  

☐ Left

☐ Right



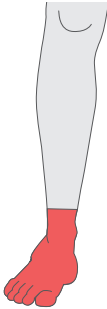
Use measurement method A for PO 0022 & PO 0023

Side seam design

☐ PO 0538  
Traditional Premium  
Foot Glove to Ankle  
Back seam design  

☐ Left

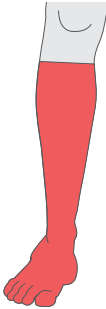
☐ Right



☐ PO 0539  
Traditional Premium  
Foot Glove to Knee  
Back seam design  

☐ Left

☐ Right



Use measurement method B for PO 0538 & PO 0539

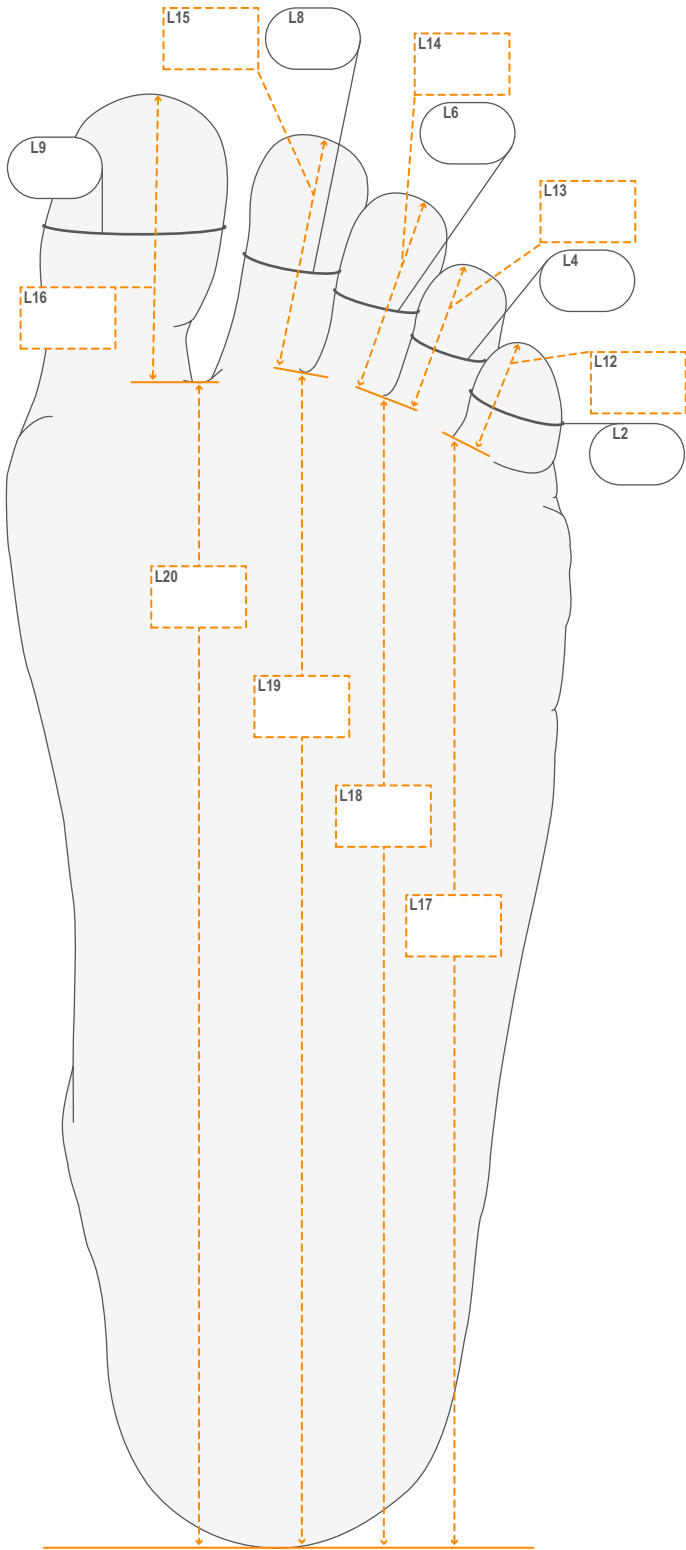
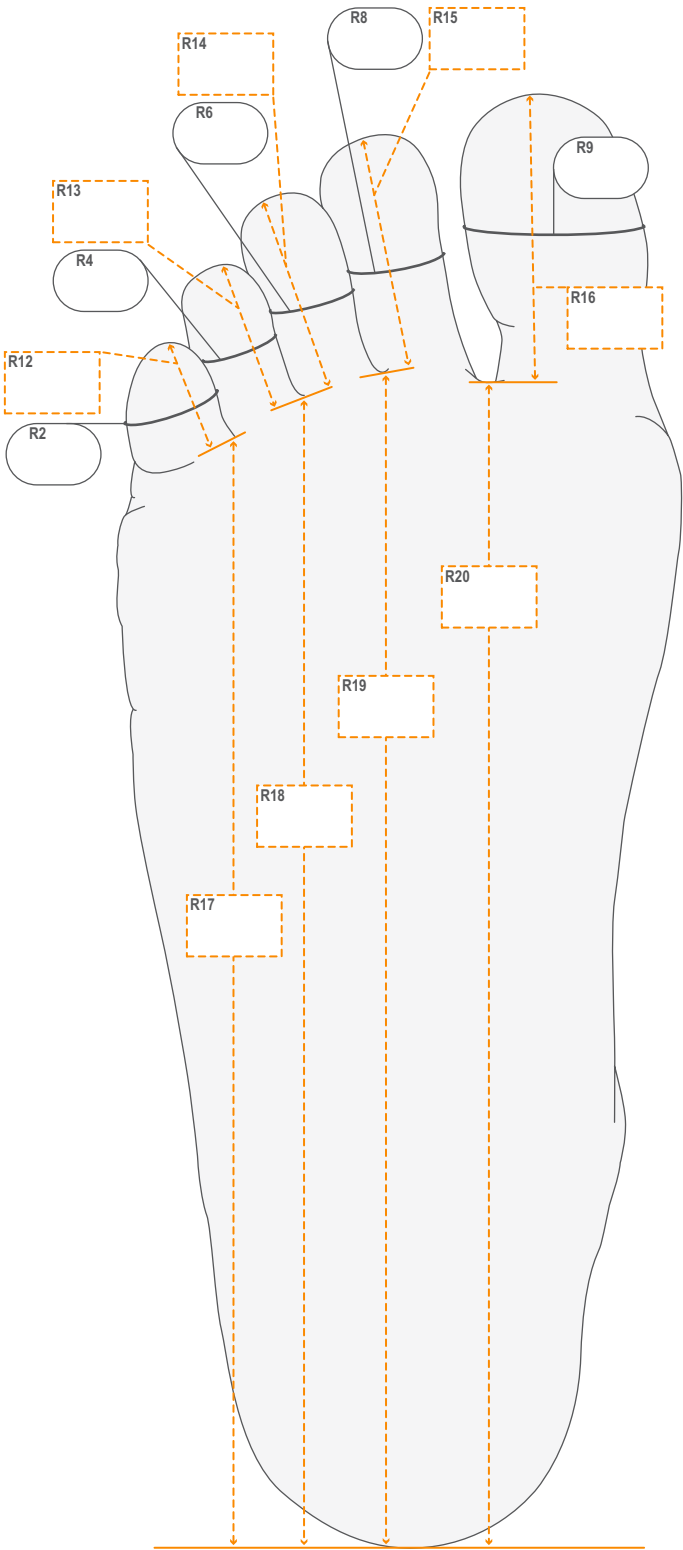
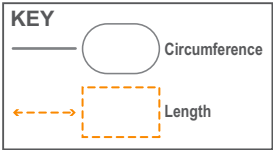
Back seam design

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

Foot Glove Order Form

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

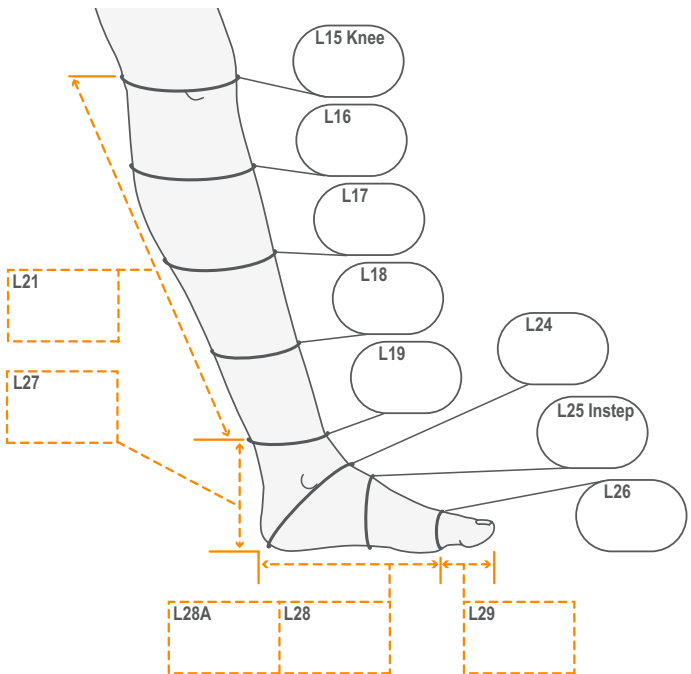
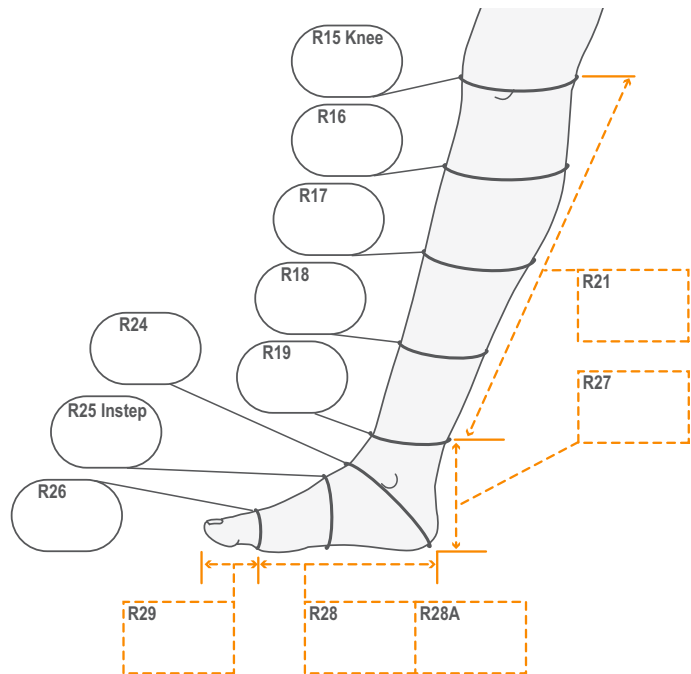
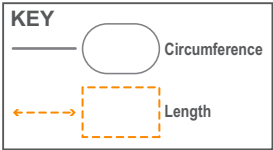
Please use this outline in conjunction with the guide and grids below  
To record measurements type them in the boxes below or in the corresponding grid on  
page 4, both fill simultaneously.



Foot Glove 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.



| Circumference Measurements |                      | Left (cm) | Right (cm) |
|----------------------------|----------------------|-----------|------------|
| 2                          | Fifth toe PIP joint  |           |            |
| 4                          | Fourth toe PIP joint |           |            |
| 6                          | Third toe PIP joint  |           |            |
| 8                          | Second toe PIP joint |           |            |
| 9                          | Big toe PIP joint    |           |            |

| 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)        |           |            |
| Foot length required (if using Method B, paper tapes) |                                                 |           |            |

Length measurements below are linear and should be taken from a foot outline tracing, unless the toes are contracted.

| Length Measurements |                                                 | Open Toes<br>(tick if required) | Left (cm) | Right (cm) |
|---------------------|-------------------------------------------------|---------------------------------|-----------|------------|
| 12                  | Fifth toe to web between fifth and fourth toes  | <input type="checkbox"/>        |           |            |
| 13                  | Fourth toe to web between fourth and third toes | <input type="checkbox"/>        |           |            |
| 14                  | Third toe to web between third and second toes  | <input type="checkbox"/>        |           |            |
| 15                  | Second toe to web between third and second toes | <input type="checkbox"/>        |           |            |
| 16                  | Big toe length                                  | <input type="checkbox"/>        |           |            |
| 17                  | Heel to web between fifth and fourth toes       |                                 |           |            |
| 18                  | Heel to web between fourth and third toes       |                                 |           |            |
| 19                  | Heel to web between third and second toes       |                                 |           |            |
| 20                  | Heel to web between second and big toe          |                                 |           |            |

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             |           |            |

Foot Glove Order Form

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

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 |            |

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

|                      | Left (cm) | Right (cm) |
|----------------------|-----------|------------|
| Foot length required |           |            |

All Other Style Options

|                                                             | Left                              | Right                    |
|-------------------------------------------------------------|-----------------------------------|--------------------------|
| Proximal elastic:                                           | 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"/> |
| Ankle contracture seam (at front of ankle for shaping only) |                                   | <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

| Item description                                  | Product Code | Left                     | Right                    |
|---------------------------------------------------|--------------|--------------------------|--------------------------|
| 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"/> |

Slant Inserts

|                                                                                                                        |      |                          |                          |
|------------------------------------------------------------------------------------------------------------------------|------|--------------------------|--------------------------|
| Slant inserts (a seam is sewn between the digits when additional pressure is required into the web spaces of the hand) | 1169 | <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 |
|------------------------------------------|------|-------------------------------------------------------------|

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"/> |