





Order Form Details

All fields are required in order to process your order

Order Details		Patient Details
Date:	Order No.:	Patient Reference No.:
Contact Name:		First Name:
Contact Phone No.:		Surname:
Email:		Year of Birth:
Hospital/Clinic:		Please indicate: Male Female
	Post Code:	

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



Medigarments Ltd® DESIGNED AROUND YOU

Foot Glove Order Form

All fields are required in order to process your order

Premium Orio	ginal				
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	ce available or	n foot glove ga	rments.	
Thread					
Colour Matching	Beige	White	Tan	Pastel Pink	Bright Pink
Red	Purple	Green	Pastel Blue	Royal Blue	Denim Blue
Navy Blue	Black				
Premium Acti			s are designed with black zi ble with this fabric option)	ipper and thread)	
Premium Q10) - Q10 cosmetic	c ingredient (zippe (no th	er & thread are matching - lemed binding is available	plain colours are based o with this fabric option)	n the Fitzpatrick scale)
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	☐ PO 0023	}	☐ PO 0538	☐ PO 0539	
New Premium	New Premium		Traditional Premium	Traditional Premium	
Foot Glove to Ankle Side seam design	Foot Glove to Knee Side seam design		Foot Glove to Ankle Back seam design	Foot Glove to Knee Back seam design	
			· -	1	



Use measurement method A for PO 0022 & PO 0023 **Side seam design**



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

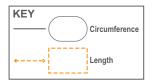


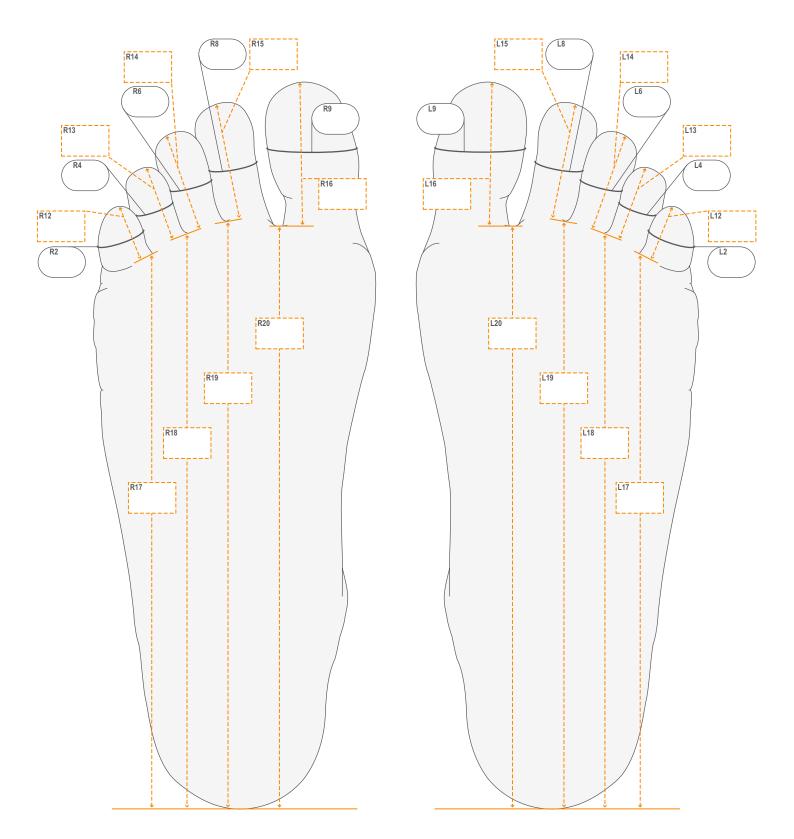
Medigarments Ltd®

Foot Glove Order Form

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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.







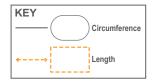
Medigarments Ltd®

Foot Glove Order Form

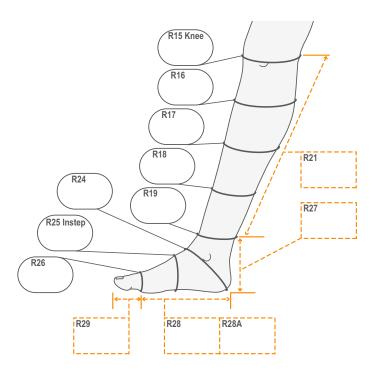
Order No.:	Patient Reference No.:

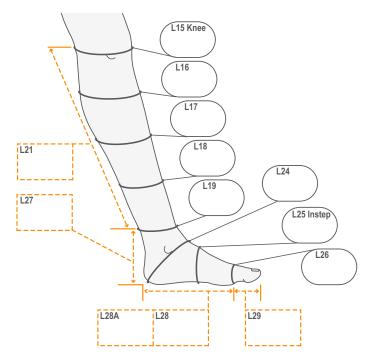
Please use this outline in conjunction with the guide and grids below

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



Left (cm) Right (cm)





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		

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 le	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 (tick if required)	Left (cm)	Right (cm)
12	Fifth toe to web between fifth and fourth toes			
13	Fourth toe to web between fourth and third toes			
14	Third toe to web between third and second toes			
15	Second toe to web between third and second toes			
16	Big toe length			
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 too			

Method A: For side seam designs with traditional tape measure

Length Measurements

		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		



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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	
	-41/2	
	-3	
	-11/2	
	Heel 0	
	+11/2	
	+3	
	+41/2	
	+6	
	+71/2	
	+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

Proximal	Regular (inverted) 1.5cm	Left	Right	
elastic:	Regular (inverted) 2.5cm			
	Regular (inverted) 5cm			
	Cuff 1.5cm			
	Cuff 2.5cm			
	Cuff 5cm			
	Silicone Regular (inverted) 2.5cm			
	Silicone Regular (inverted) 5cm			
	Silicone cuff 2.5cm			
	Silicone cuff 5cm			
Ankle contracture seam (at front of ankle for shaping only)				

Modifications All the following items will be an additional charge

Zippers - 1145 (tick if required)						
Zipper placement Insid	de of fabric	Outside o	of fabric			
Position (please select: Medial, Lateral or Posterio		Left	Right			
Length: cm						
Hook & eye (on fly behind the zip to as						
Inset Zippers - 1144 (tick if required)						
Use placement pad to mark position if required						
Zipper placement Inside of fabric Outside of fabri			of fabric			
Position (please select: Medial, Lateral or Posterior)		Left	Right			
Length: cm						
Reinforcements						
Item description	Product Code	Left	Right			
Reinforced heel (for high wear area to reinforce)	1187					
Non-slip silicone sole of foot	1188					
Slant Inserts						
Slant inserts (a seam is sewn between the digits when additional pressure is required into the web spaces of the hand)	1169					
Silon-TEX® II Insert						
Silon-TEX® II fabric	1191	Use placement pad to mark				

Pockets & Pads

(sewn into garment)

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

Foam Pads (to insert into pocket, please select foam thickness)

Low profile 5mm	1178	
Low density 20mm	1179	
High density 25mm	1180	