

503 Torso Order Form

Order No.: _____ Patient Reference No.: _____

Torso Measurements

Circumference Measurements (cm)

1	Left shoulder (patient to place hands on hips) Bring tape under axilla finishing on the acromion process	
2	Right shoulder (as above)	
3	Neck, around the neck at Adam's apple	
6	Level with chest in line with the axillary crease	
7	Waist (patient to place hands on hips)	

Length Measurement

Left (cm) Right (cm)

4	Shoulder width, acromion process to base of neck (only for sleeveless vest)		
5	Shoulder to waist		

Measurements for Vest Below Waist

Length Measurements (cm)

Shoulder to end of garment	
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Circumference Measurements (cm)

Level with end of garment	
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Measurements for Body Briefs & Body Suits

Length Measurements (cm)

8	Shoulder to fold of buttocks	
9	Shoulder to largest part of buttocks	

Circumference Measurements (cm)

10	Largest part of buttocks	
11	Proximal thigh - left	
12	Proximal thigh - right	

Measurements for Bra Cups

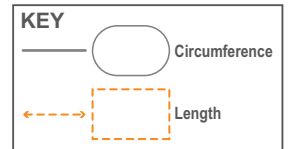
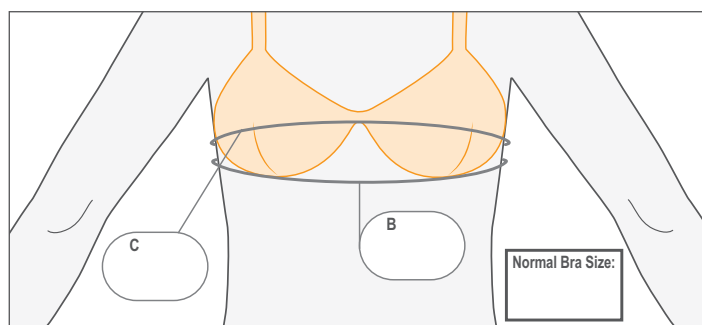
Length Measurements (cm)

A	Shoulder to just under the breast	
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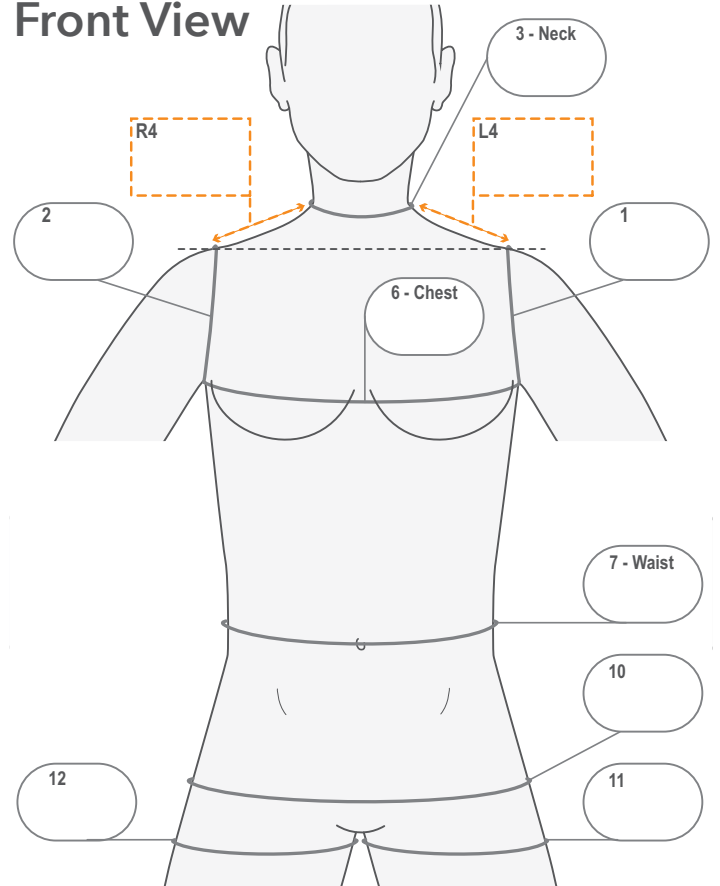
Circumference Measurements (cm)

B	Directly under the breast	
C	Directly over the nipple line	

Normal Bra Size

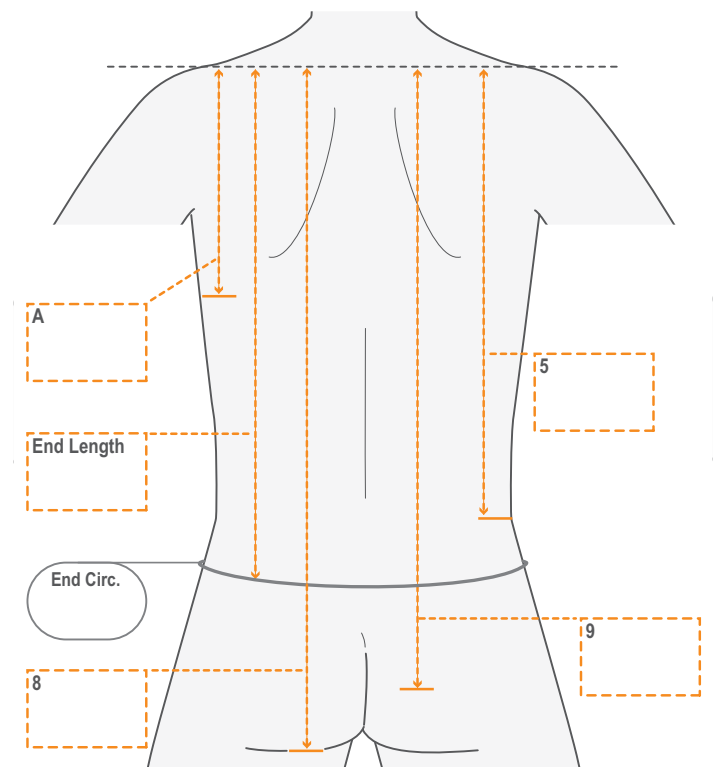


Front View



Back View

Linear measurements are to be taken from the back



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Style Options (tick if required)

Zipper (Please tick location)	Left	Right
<input type="checkbox"/> Lateral aspect (standard)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medial aspect	<input type="checkbox"/>	<input type="checkbox"/>

Closures	Front	Back
<input type="checkbox"/> Zipper	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Velcro	<input type="checkbox"/>	<input type="checkbox"/>

Neck	
<input type="checkbox"/> Regular neck (standard)	
<input type="checkbox"/> Turtle neck	<input type="checkbox"/> 25mm <input type="checkbox"/> 50mm <input type="checkbox"/> 76mm
<input type="checkbox"/> Scoop neck	<input type="checkbox"/> Front Give depth: _____ cm
	<input type="checkbox"/> Back Give depth: _____ cm

Axilla	Left	Right
<input type="checkbox"/> Standard	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lined (recommended) <input type="checkbox"/> Not Lined	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Insert (butterfly shape with centre seam)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lining <input type="checkbox"/> Powernet <input type="checkbox"/> Both	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Gusset (oval shape with no centre seam)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lining <input type="checkbox"/> Powernet <input type="checkbox"/> Both	<input type="checkbox"/>	<input type="checkbox"/>

Modifications (tick if required)

Item description	Product Code	Left	Right
Nappy strap detachable Velcro®, standard length, or specify length required: _____ cm	0001	<input type="checkbox"/>	<input type="checkbox"/>
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas)	0027	<input type="checkbox"/> Use Silon-TEX II placement pad to mark position	
Braces/straps with Velcro® give length: _____ cm	1162	<input type="checkbox"/> Detachable with Velcro <input type="checkbox"/> Sewn, not detachable	
Velcro® tabs to attach to waist heights	1163	<input type="checkbox"/>	<input type="checkbox"/>
Reduced pressure panel soft material over the abdomen area	1161	<input type="checkbox"/>	<input type="checkbox"/>
Double abdominal panel	1175	<input type="checkbox"/>	<input type="checkbox"/>
Short zipper (<20cm)	1164	<input type="checkbox"/>	<input type="checkbox"/>
Long zipper (>20cm)	1165	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Specific Instructions

Arm Measurements (from PINK paper tape)

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

Leg Measurements (from GREEN paper tape)

Left (cm)	Right (cm)
	Distal Pleat
	+12
	+13½
	+15
	+16½
	+18
	+19½
	+21
	+22½
	+24
	+25½
	+27
	+28½
	+30

Groin
Proximal Pleat

Note: For body suits extending to ankle, use the Lower Extremity Order Form 506 as well.