



## 503 Torso Order Form

All fields are required in order to process your order

### Order Details

Date: \_\_\_\_\_ Date Required: \_\_\_\_\_  
Order No.: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Hospital/Clinic: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_

### Patient Details

Patient Reference No.: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Please indicate: ☐ Male ☐ Female  
Please indicate: ☐ New Patient ☐ Existing Patient  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Fabrics

**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

### Zips

☐ Colour Matching ☐ Leopard ☐ Camouflage ☐ Galaxy ☐ Rainbow ☐ Tribe

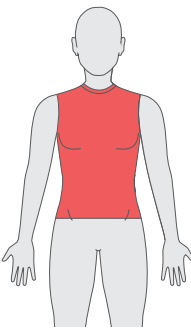
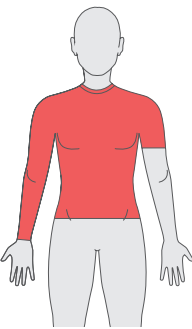
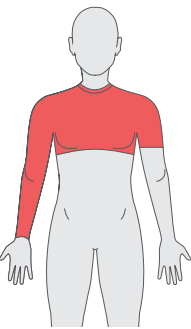
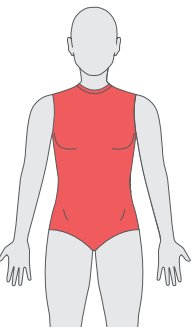
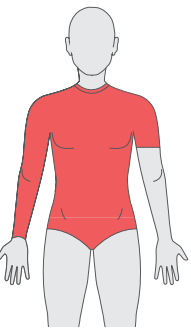
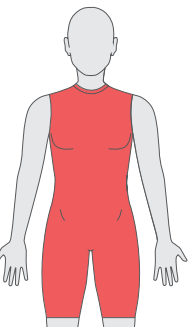
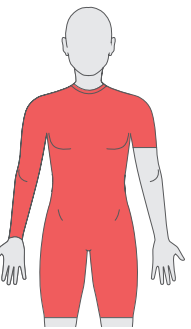
### Bindings

☐ 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

**Garment** - please indicate quantity of garments required in the boxes below, i.e. 2

<input type="checkbox"/> <b>0525</b> Vest No Sleeves 	<input type="checkbox"/> <b>0527</b> Vest with Long Sleeves <input type="checkbox"/> <b>0528</b> Vest with Short Sleeves 	<input type="checkbox"/> <b>0523</b> Shrug with Long Sleeves <input type="checkbox"/> <b>0524</b> Shrug with Short Sleeves 	<input type="checkbox"/> <b>0530</b> Body Brief with No Sleeves 	<input type="checkbox"/> <b>0531</b> Body Brief with Long Sleeves <input type="checkbox"/> <b>0532</b> Body Brief with Short Sleeves 	<input type="checkbox"/> <b>0558</b> Body Suit with No Sleeves 	<input type="checkbox"/> <b>0560</b> Body Suit with Long Sleeves <input type="checkbox"/> <b>0561</b> Body Suit with Short Sleeves 
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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)

### 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)

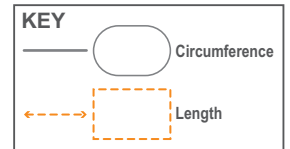
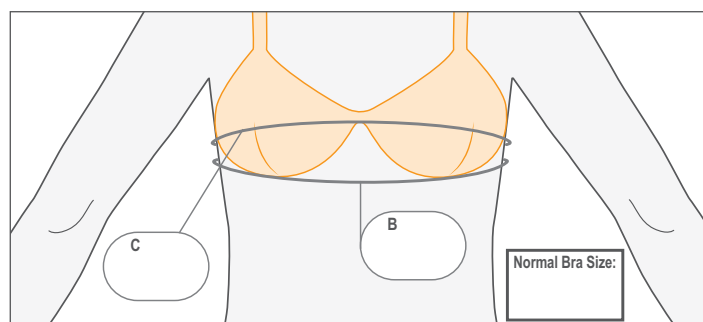
A	Shoulder to just under the breast	
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#### Circumference Measurements

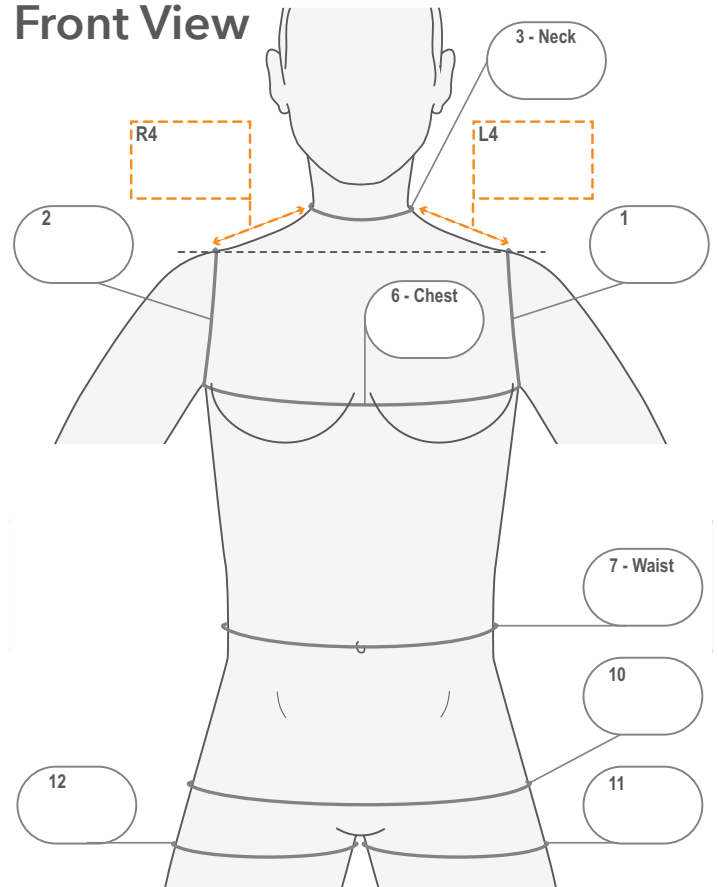
(cm)

B	Directly under the breast	
C	Directly over the nipple line	

Normal Bra Size	
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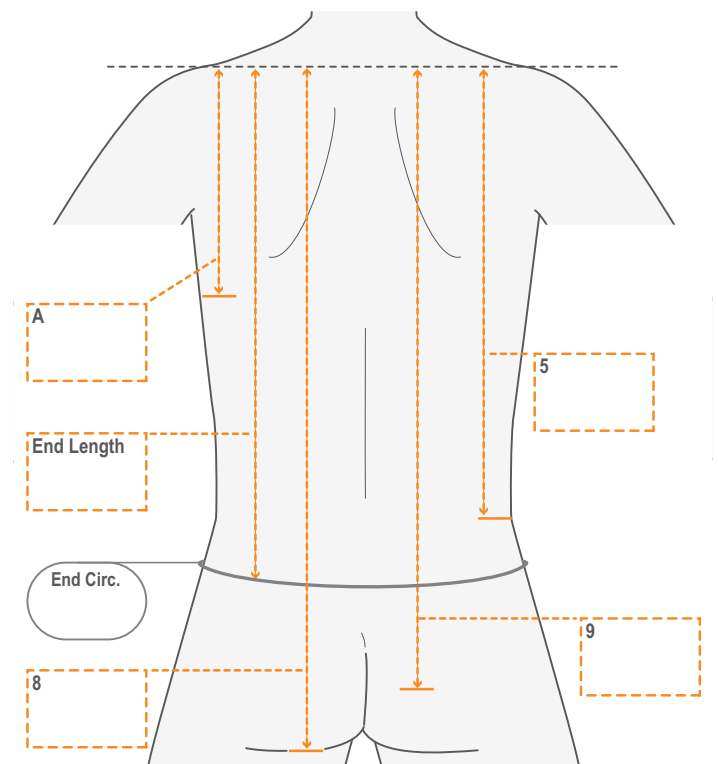


### Front View



### Back View

Linear measurements are to be taken from the back



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

### 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"/>	
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"/>	
Reduced pressure panel soft material over the abdomen area	1161	<input type="checkbox"/>	
Double abdominal panel	1175	<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)
	<b>Distal Pleat</b>	
	<b>Wrist</b>	
	-4½	
	-3	
	-1½	
	0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	<b>Elbow 9</b>	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	

Axilla
<b>Proximal Pleat</b>

### Leg Measurements (from GREEN paper tape)

Left (cm)		Right (cm)
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	+31½	
	<b>Proximal Pleat</b>	

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