Jobskin Premium



Patient Details

Medigarments Ltd™ DESIGNED AROUND YOU

503 Torso Order Form

All fields are required in order to process your order

Date:	Date R	equired:		Patient	Reference I	No.:_		
Order No.:				First Na	ame:			
Contact Name:				Surnan	ne:			
Contact Phone No.:	!			Date o	f Birth:			
Email:				Please	indicate:	N	1ale	Female
Hospital/Clinic:				Please	indicate:	\square N	lew Patient	Existing Patient
Delivery Address: _				Diagno	osis:			
	Pos	t Code:						
Fabrics								
Plain Powernet:	Beige	Tan		Bloss	om	R	Red	Raspberry
	Classy Blue	Denim Bl	ue	Black	(
Printed Powernet:	Unicorn	Safari Car		Paw I	Print	Р	ink Camo	Green Camo
	Blue Camo							
Zips								
							Rainbow	
Colour Matching	Leopard	Camoufla	ige	Galax	ky ————————————————————————————————————		ainbow	Tribe
Bindings								
None	Daisies	Roses		Raink	oow Mermaid	Р	ink Tribe	Rocket
B&W Football	Pink Football	Pink Hear	ts	Silve	r Aztec	P	ink Aztec	Spots & Stripes
Thread								
	□ p ·	DAGE:		□ -				
Colour Matching	Beige	White		Tan	I Dl		astel Pink	Bright Pink
Red	Purple Black	Green		Paste	l Blue		Royal Blue	Denim Blue
Navy Blue	втаск							
Garment - pleas	se indicate qua	ntity of garments	s require	d in the l	ooxes belov	v, i.e.	2	
0525	0527	0523	□ 0	530	053	1	0558	0560
Vest No Sleeves	Vest with	Shrug with	Body	Brief	Body Brie	f	Body Suit	Body Suit
	Long Sleeves	Long Sleeves	with No	Sleeves	with Long Sle		with No Sleeves	with Long Sleeves
	0528 Vest with	0524 Shrug with			053 Body Brie			0561 Body Suit
	Short Sleeves	Short Sleeves		_	with Short Sle			with Short Sleeves
			1)				
	\mathcal{M}		\ \ <u>\</u>	1				
						$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		
In I had the		Tun / / hur	Sun 1	Nu Nu	Sun /	J W	Tun / /	3 Tun I had
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When completed, please click: customerservice@jobskin.co.uk to email your electronic order form



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KEY

Circumference

503 Torso Order Form

__ Patient Reference No.: _ Order No.:

Torso Measurements

· ·	-	B 4	
(irciimt	CARANCA	Mascu	rements
Circuitii	CICIICE	IVICASU	1611161113

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

Lengt	ii weasurement	Leπ (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)

(cm)

(cm)

Shoulder to end of garment	

Circumference Measurements

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

Length Measurements

1cm	١
(CIII	,

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

Circui	nterence Measurements	(cm
10	Largost part of buttocks	

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

Measurements for Bra Cups

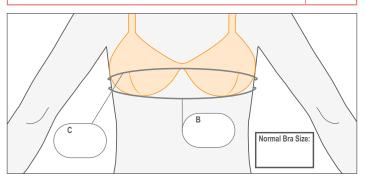
Lengt	h Measurements
-------	----------------

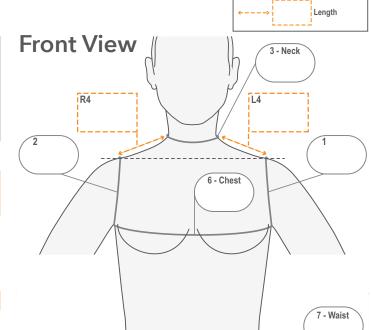
h Measurements		
Shoulder to just under the breast		

C:	ra Massuraments	
(Irciimtaran	a Mascilramants	(cm)

O C		
В	Directly under the breast	
С	Directly over the nipple line	

Normal Bra Size

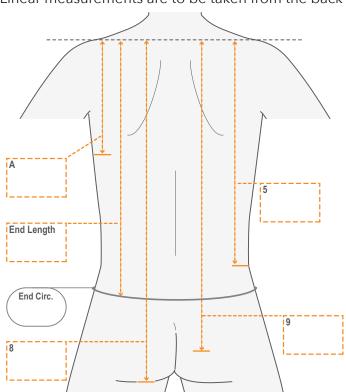




Back View

12

Linear measurements are to be taken from the back





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Order No.:	Patient Refe	erence N	10.:			
Style Options (tick if required)			Arm Measu	rements (fro	m PINK paper tape)
Zipper (Please tick location)	Left	Right	Left (cm)		Right (cm)	
Lateral aspect (standard)					Distal	
Medial aspect					Pleat	
Closures		Front	Back		Wrist	
Zipper					-41/2	
Velcro					-3	
Neck					-11/2	
Regular neck (standard)					0	
Turtle neck 25mm	50mm 76r	nm			+1½	
Scoop neck Front	Giv	e depth:_	cm		+3	
Back	Giv	e depth:_	cm		+41/2	
Axilla		Left	Right		+6	
Standard					+7½	
Lined (recommended)	Not Lined					
Insert (butterfly shape with centre					Elbow 9	
Lining Powernet	Both				+10½	
Gusset (oval shape with no centre Lining Powernet	seam) Both				+12	
	DOUI				+13½	
Modifications		(tick if r	equired)		+15	
Item description	Product Code	Left	Right		+16½	
Nappy strap detachable Velcro®,		Г			+18	
standard length, or specify length required: cm	0001	L			Axilla	
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas)	0027	Use Silon-TEX II placement pad to mark position			Proximal Pleat	
Braces/straps with Velcro®	1162	Detach Velcro	nable with	Leg Measur	ements (fron	n GREEN paper tape
give length: cm		Sewn, detach		_		
Velcro® tabs to attach to waist heights	1163			Left (cm)	Distal	Right (cm)
Reduced pressure panel soft material over the abdomen area	1161				Pleat	
Double abdominal panel	1175				+12	
Short zipper (<20cm)	1164				+13½	
Long zipper (>20cm)	1165				+15	
Inner elbow lining to protect fragile	1167				+16½	
skin and provide comfort if required	-				+18	
Full elbow lining as above	1168					
Specific Instructions					+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.