



506 Lower Extremity 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

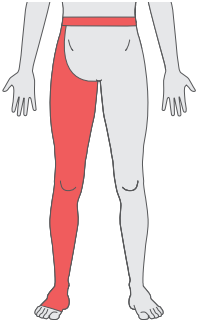
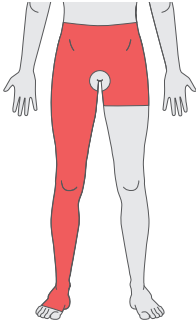
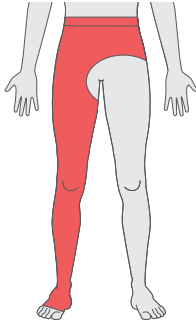
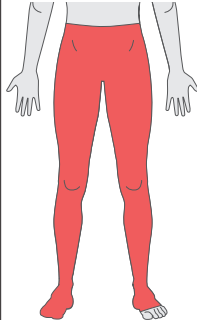
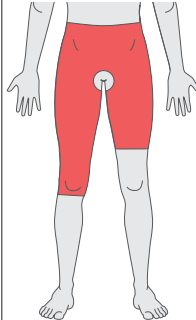
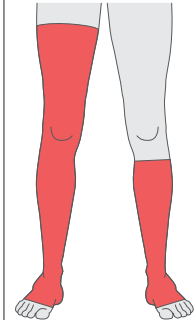
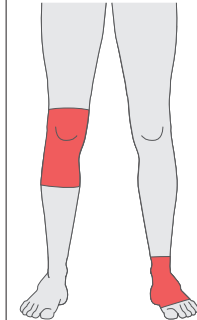
Bindings

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

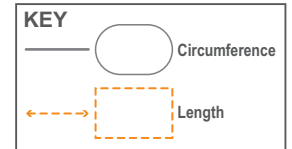
Garment - please indicate quantity of garments required in the boxes below, i.e. 2

<input type="checkbox"/> 0035 Chap style, one leg thigh length with waist attachment <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> 1113 Waist Height One Leg Panty <input type="checkbox"/> Open Pubis <input type="checkbox"/> Closed Pubis	<input type="checkbox"/> 1103 Waist Height One Leg Open Pubis <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> 1101 Waist Height Two Legs <input type="checkbox"/> Open Pubis <input type="checkbox"/> Closed Pubis	<input type="checkbox"/> 1119 Panty Girdle, both legs above knee <input type="checkbox"/> Open Pubis <input type="checkbox"/> Closed Pubis	<input type="checkbox"/> 0201 Thigh Length Stocking <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> 0015 Knee Band any length <input type="checkbox"/> Left <input type="checkbox"/> Right
				<input type="checkbox"/> 1111 Panty Girdle, one or both legs below knee, any length, no feet <input type="checkbox"/> Open Pubis <input type="checkbox"/> Closed Pubis 	<input type="checkbox"/> 0101 Knee Length Stocking <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> 0105 Anklet <input type="checkbox"/> Left <input type="checkbox"/> Right 

When completed, please click: customerservice@jobskin.co.uk to email your electronic order form

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NOTE:

Linear Measurements

All linear measurements are taken from the back of the patient with the patient standing. If the patient cannot stand, lay them down on their side.

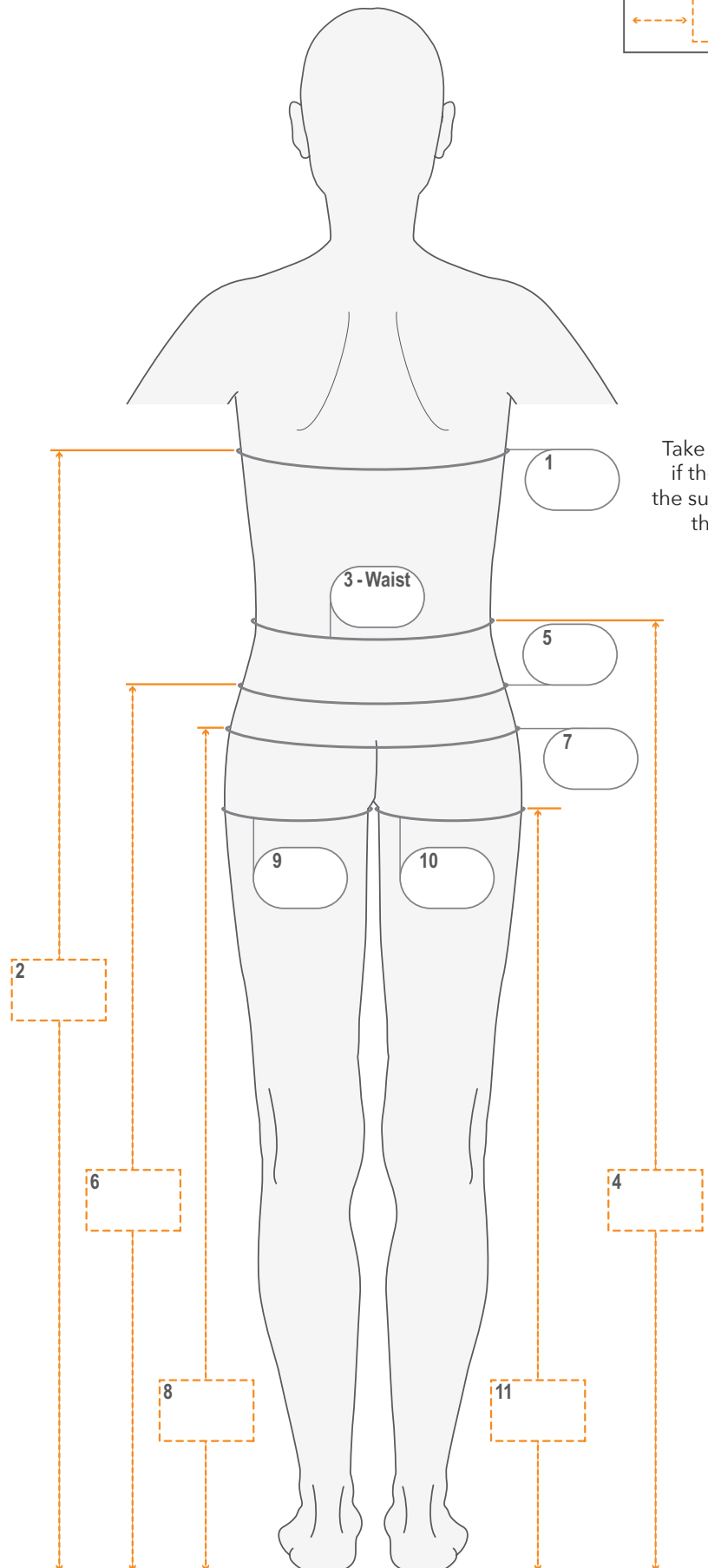
Circumferential Measurements

With each circumferential measurement we suggest that you leave the circumference tape in place before proceeding to measure the corresponding linear measurements.

Height measurements

The patient must remove shoes prior to measuring. Measure all heights down to the floor with the patient standing.

It is important that all height measurements are accurate.



Take measurement 1 if the desired top of the supports is higher than the standard waist height.

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Circumference Measurements (cm)

1	Desired top of support (take if garment is above waist)	
3	Waist	
5	Top of buttocks	
7	Largest part of buttocks	
9	Proximal thigh left (at fold of buttocks) Ensure the tape is not lying at an angle	
10	Proximal thigh right (as above)	

Length Measurement (cm)

2	Desired top of support to the floor	
4	Waist to the floor	
6	Top of buttocks to the floor	
8	Largest part of buttocks to the floor	
11	Fold of buttocks to the floor (Tuck the tape well in under the gluteal fold)	

Style Options

Toe (Please tick)

Left Open
 Left Closed
 Right Open
 Right Closed

Left (cm) Right (cm)

Closed toe only: foot length 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"/>

Fly Opening

No Fly
 Horizontal Fly (Standard lining fabric)
 Diagonal Fly
 Standard Lining Fabric (light pressure)
 Powernet Fabric (for a snug fit)

Modifications/Design Choice (tick if required)

Item description	Product Code	Left	Right
Extra heel reinforcements (for high wear areas)	0020	<input type="checkbox"/>	<input type="checkbox"/>
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	<input type="checkbox"/> Use Silon-TEX II placement pad to mark position	
Lining behind knee	0040	<input type="checkbox"/>	<input type="checkbox"/>
Self enclosed toe in base fabric (no seams)	1159	<input type="checkbox"/>	<input type="checkbox"/>
Soft enclosed toe in lining fabric	1160	<input type="checkbox"/>	<input type="checkbox"/>
Braces/straps with Velcro® give length: _____ cm	1162	<input type="checkbox"/> Detachable with Velcro <input type="checkbox"/> Sewn, not detachable	
Velcro tabs (set of 4 for vest attachments)	1163	<input type="checkbox"/>	
Short zipper (<20cm) (indicate position)	1164	<input type="checkbox"/>	<input type="checkbox"/>
Long zipper (>20cm) (indicate position)	1165	<input type="checkbox"/>	<input type="checkbox"/>
Reinforced knee	1186	<input type="checkbox"/>	<input type="checkbox"/>
Reinforced heel	1187	<input type="checkbox"/>	<input type="checkbox"/>

Specific Instructions

Leg Measurements

Taken while the patient is lying down or semi-prone with the leg elevated and the foot in a normal relaxed position.

(use PURPLE paper tape for full leg and GREEN paper tape for half leg)

Left (cm)	Distal Pleat	Right (cm)
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	Heel 0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	+31½	
	+33	
	+34½	
	+36	
	Proximal Pleat	

NOTE:

If the circumferential paper tapes will not accommodate the size of the patient, extend their length by using the paper extension tapes.