



505 Hand 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

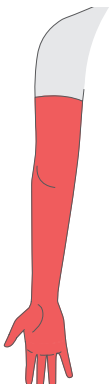
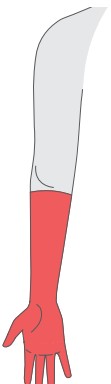
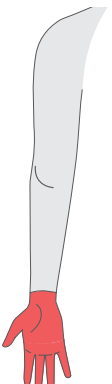
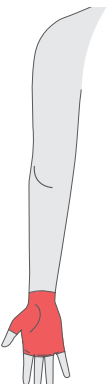
Bindings

☐ None ☐ Daisies ☐ Roses ☐ Rainbow Mermaid ☐ Pink Tribe ☐ Rocket
☐ B&W Football ☐ Pink Football ☐ Pink Hearts ☐ Silver Aztec ☐ Pink Aztec ☐ Spots & Stripes

Thread

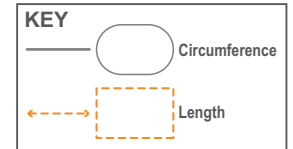
☐ Colour Matching ☐ Beige ☐ White ☐ Tan ☐ Pastel Pink ☐ Bright Pink
☐ Red ☐ Purple ☐ Green ☐ Pastel Blue ☐ Royal Blue ☐ Denim Blue
☐ Navy Blue ☐ Black

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

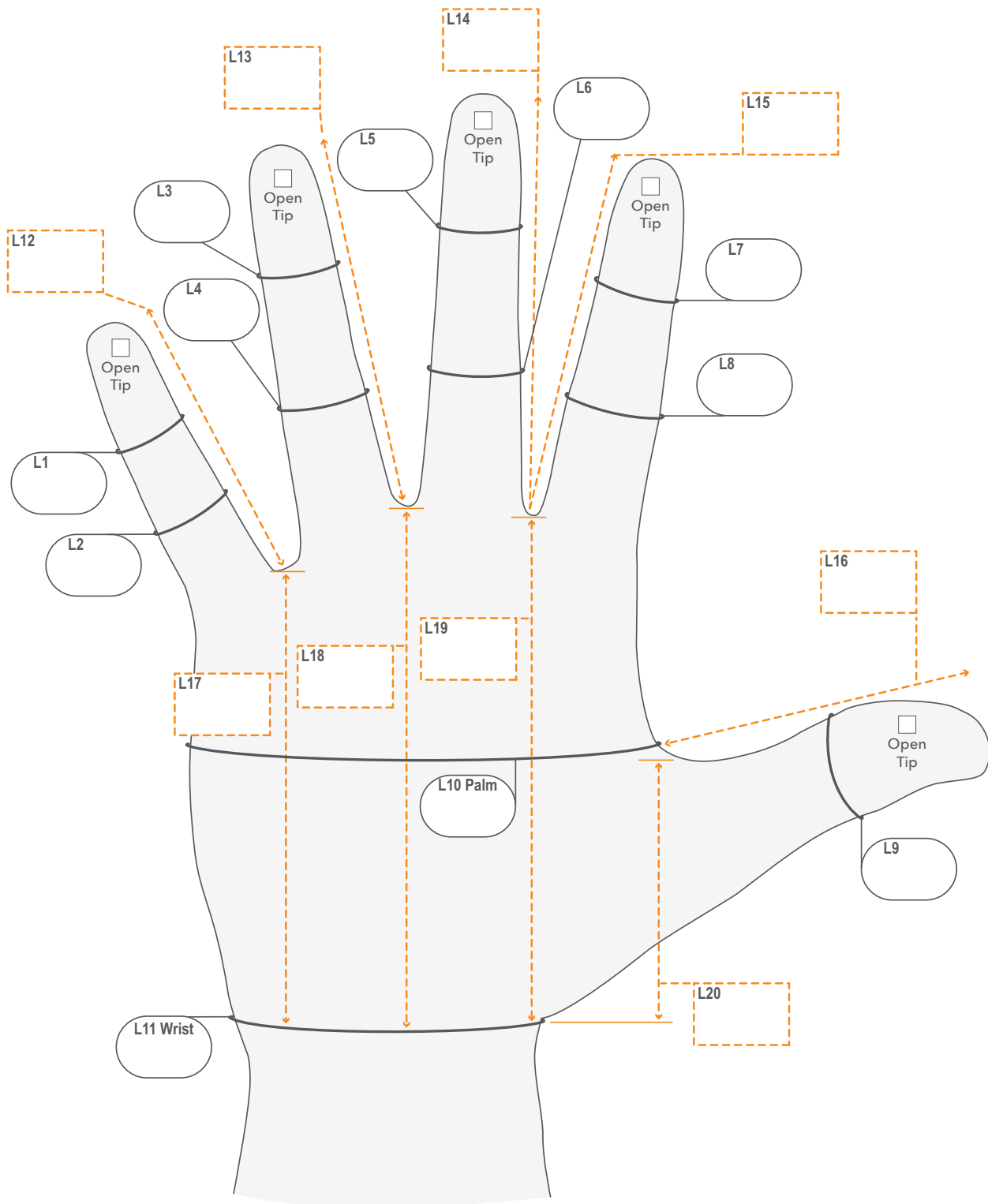
<input type="checkbox"/> 0533 Glove to Axilla <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> 0534 Glove to Elbow <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> 0535 Glove to Wrist <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> 0536 Interdigital Web Spacer <input type="checkbox"/> Left <input type="checkbox"/> Right 
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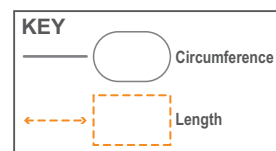
When completed, please click: customerservice@jobskin.co.uk to email your electronic order form

Please download your electronic forms directly from our website - www.jobskin.co.uk/file-download

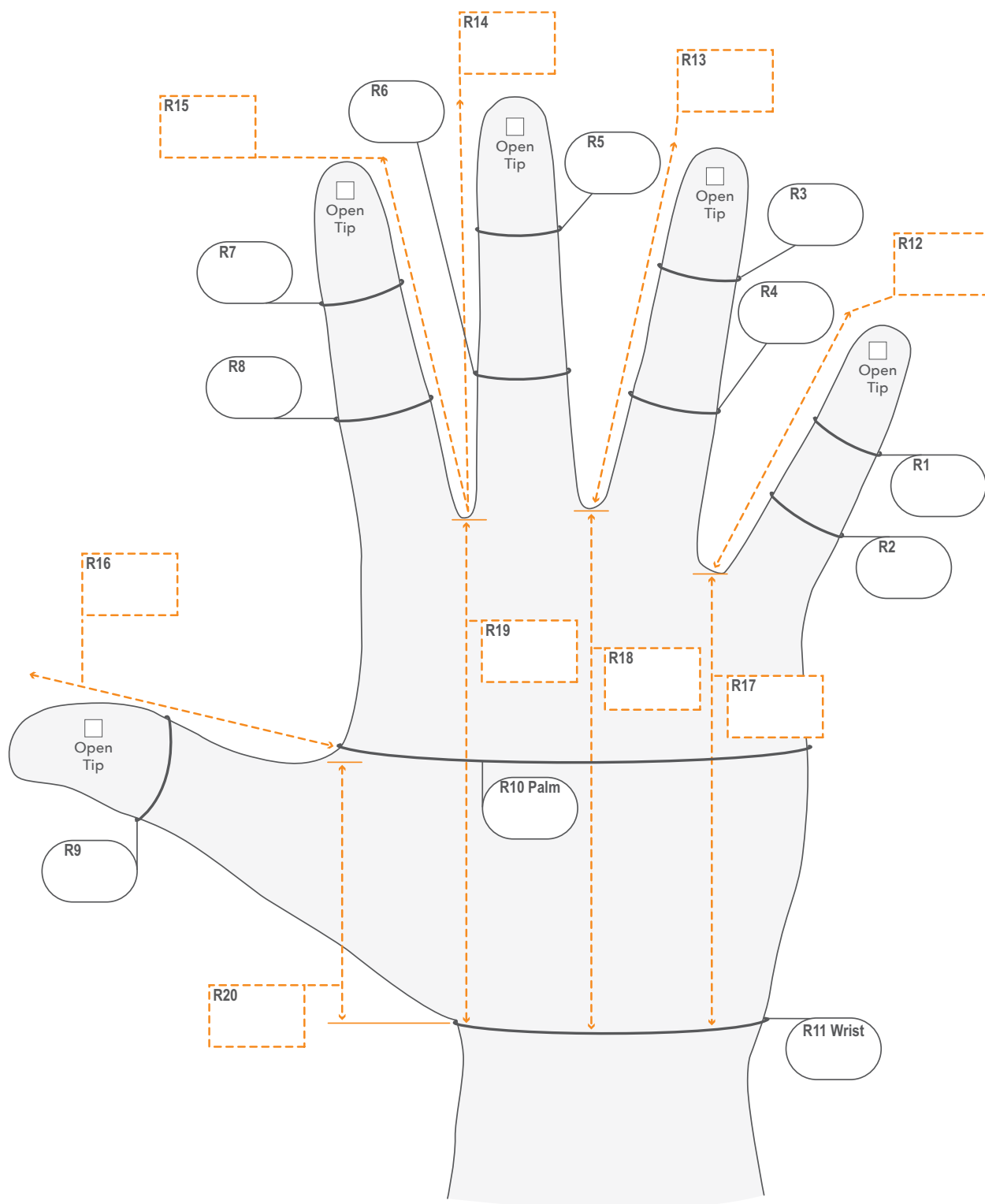


Left Dorsal View





Right Dorsal View



505 Hand Order Form

Order No.: _____ Patient Reference No.: _____

Note: Only measure digits required to be included in the glove.

Circumference Measurements

Open Tips
(Tick if required)

Left (cm) Right (cm)

1	Little finger DIP joint	<input type="checkbox"/>		
2	Little finger PIP joint			
3	Ring finger DIP joint	<input type="checkbox"/>		
4	Ring finger PIP joint			
5	Middle finger DIP joint	<input type="checkbox"/>		
6	Middle finger PIP joint			
7	Index finger DIP joint	<input type="checkbox"/>		
8	Index finger PIP joint			
9	Thumb IP joint	<input type="checkbox"/>		
10	Palm			
11	Wrist Crease - Place the tape around the wrist between the Ulnar Styloid Process and the base of the hand			
	3.8cm beyond Wrist			
	7.6cm beyond Wrist			

Measurements 12 - 20 are linear and should be taken on the back of the hand or from a hand outline tracing.

Measure the length of the digit from the highest point of the web to the finger tips for closed tips or the required finished length for open tips. Alternatively transfer lengths from a hand outline tracing.

Length Measurements

Left (cm) Right (cm)

12	Little finger to web between little finger and ring finger		
13	Ring finger to web between ring finger and middle finger		
14	Middle finger to web between middle finger and index finger		
15	Index finger to web between middle finger and index finger		
16	Thumb to thumb web		

Measure: wrist crease to web spaces for measurements 17 - 20

17	Wrist to web between little and ring finger		
18	Wrist to web between middle and ring finger		
19	Wrist to web between index and middle finger		
20	Wrist to thumb web		

Modifications (tick if required)

Item description	Product Code	Left	Right
Reinforced Palm	0021	<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"/>	<input type="checkbox"/>
		Use Silon-TEX II placement pad to mark position	
Short zipper (<20cm)	1164	<input type="checkbox"/>	<input type="checkbox"/>
Long zipper (>20cm)	1165	<input type="checkbox"/>	<input type="checkbox"/>
Slant Inserts (A seam is sewn between the digits when additional pressure is required into the web spaces of the hand, not thumb)	1169	<input type="checkbox"/>	<input type="checkbox"/>

Arm Measurements (from PINK paper tape)

Left (cm)

Right (cm)

	Distal Pleat	
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Wrist

	-4½	
	-3	
	-1½	
	0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	

Elbow 9

	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	

Axilla

	Proximal Pleat	
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Zipper Options (tick if required)

Left

Right

<input type="checkbox"/> Dorsal	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ulnar (standard)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Palmer	<input type="checkbox"/>	<input type="checkbox"/>

Specific Instructions