



Body Suit Order Form

All fields are required in order to process your order

Order Details

Date: _____ Order No.: _____
 Contact Name: _____
 Contact Phone No.: _____
 Email: _____
 Hospital/Clinic: _____
 Delivery Address: _____

 Post Code: _____

Patient Details

Patient Reference No.: _____
 First Name: _____
 Surname: _____
 Year of Birth: _____
 Please indicate: ☐ Male ☐ Female
 Please indicate: ☐ New Patient ☐ Existing Patient
 Diagnosis: _____

When all applicable fields are 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

All fabric choices are now offered as predefined themes, with colour-coordinated zips and threads. Please select one of the themes listed below:

Premium Original

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 ☐ Rainbow Unicorn ☐ Racing Car ☐ Mermaid ☐ 3D Football
☐ Green Football ☐ Flower Garden ☐ Picnic ☐ Abstract ☐ Pixel Brown
☐ Pixel Green

Premium Active - 50 UPF

☐ Eucalyptus Green ☐ Black

Premium Q10 - Q10 cosmetic ingredient

Plain Q10:

☐ Type 2 (white, fair) ☐ Type 3 (medium white to olive) ☐ Type 4 (olive, moderate brown) ☐ Type 5 (brown to dark brown) ☐ Type 6 (brown, very dark, brown to black)

Printed Q10:

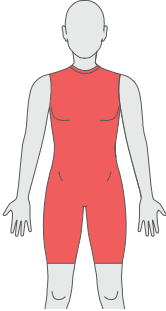
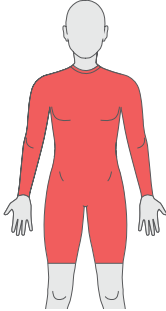
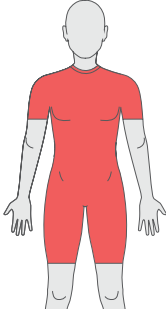
☐ Fairy & Castle ☐ Dinosaurs

Body Suit Order Form

Order No.: _____ Patient Reference No.: _____

First select the required garment, then tick the box to confirm the standard configuration, or choose from the style options on page 4:

Garment (please indicate)

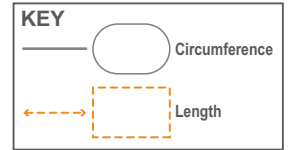
☐ PO 0558 Body Suit Above Knee with No Sleeves 	☐ PO 0560 Body Suit Above Knee with Long Sleeves 	☐ PO 0561 Body Suit Above Knee with Short Sleeves 
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Standard configurations for Body Suits

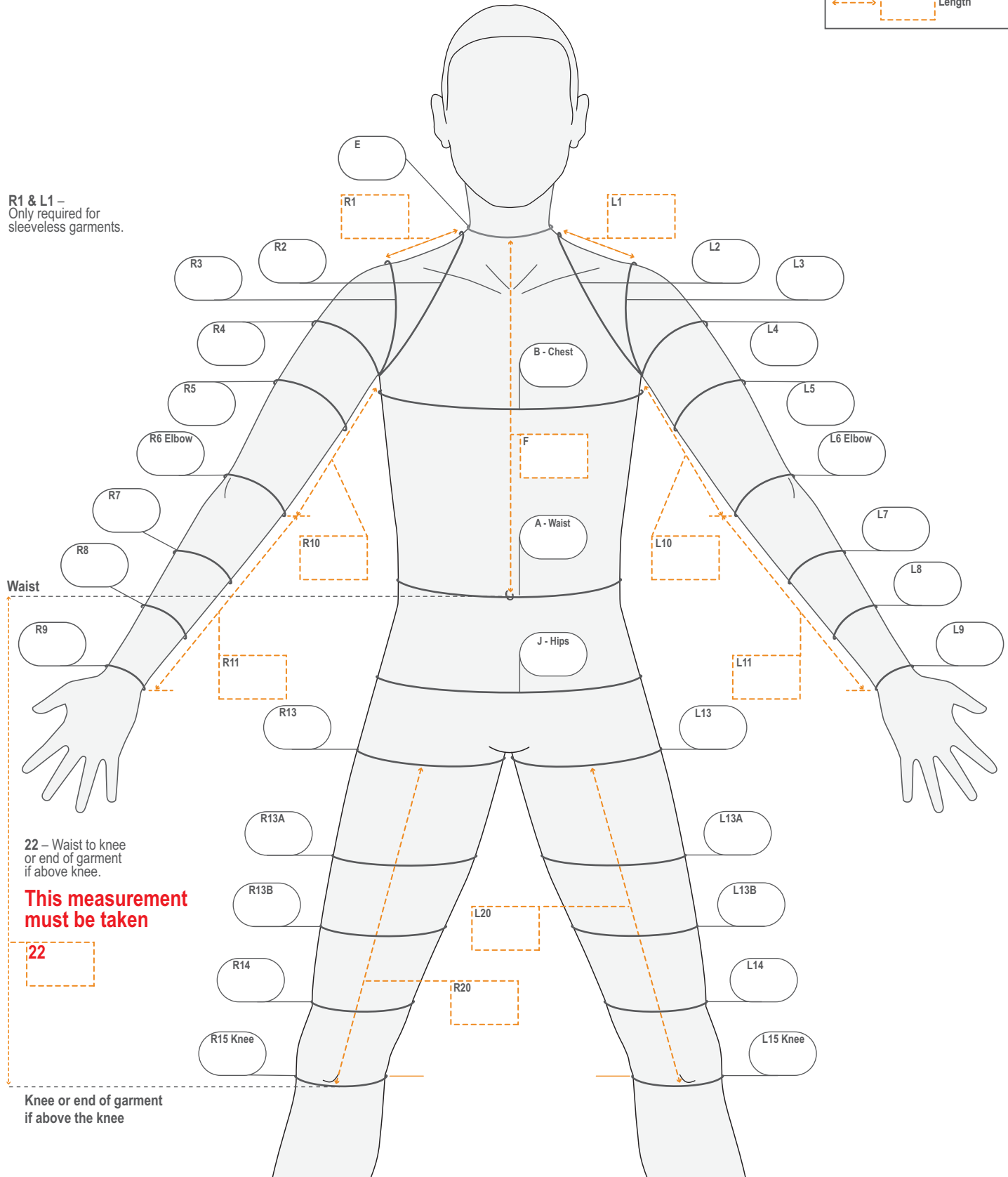
Feature	☐ Body suit chest up to 75cm (0558, 0560, 0561)	☐ Body suit chest above 75cm (0558, 0560, 0561)
Neckline	Round / Inverted	Round / Inverted
Sleeveless / Armhole	Inverted / Elastic 1.5cm	Inverted / Elastic 1.5cm
Sleeves (Short)	Elastic cuff 1.5cm	Elastic cuff 2.5cm
Sleeves (Long)	Overlock	Overlock
Axilla Shape	0558 No axilla 0560 & 0561 Std seam / Lined	0558 No axilla 0560 & 0561 Std seam / Lined
Zip Position	Back (closed)	Back (closed)
Fly Facing	Same as garment fabric	Same as garment fabric
Leg Distal	Short / Elastic cuff 1.5cm	Short / Elastic cuff 2.5cm
Crotch	Closed	Closed

Order No.: _____ Patient Reference No.: _____

Please use this outline in conjunction with the guide and grids on pages 4 & 5
Use a traditional tape measure to record measurements. Type them in the boxes below or in the corresponding grid on the next page, both fill simultaneously.

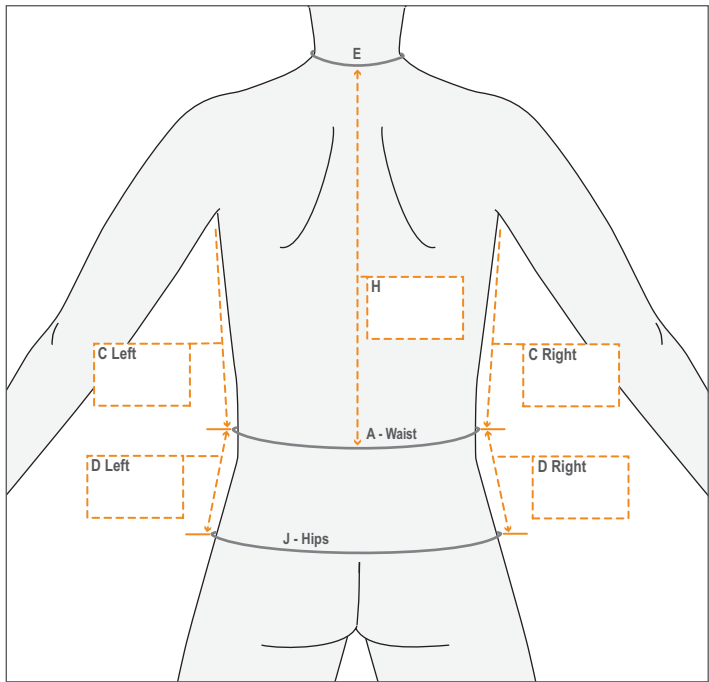


R1 & L1 –
Only required for
sleeveless garments.



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Torso Circumference Measurements		Left (cm)	Right (cm)
A	Waist at umbilicus		
B	Chest at axilla level		
E	Neck below Adam's apple		
J	Hips		
2	Base of neck around axilla and back		
3	Around shoulder joint over acromion		

Length Measurements		Left (cm)	Right (cm)
C	Into anterior axilla to waist (front view)		
D	Waist to hips or end of garment		
F	Required front neckline to waist		
H	Required back neckline to waist		
1	Base of neck to acromion (for sleeveless garments only)		
10	Into anterior axilla to elbow joint/crease		
11	Elbow joint/crease to wrist		
20	Top of thigh level with gluteal fold to knee joint or required length if above knee		
22	Waist to knee or required length of garment if above knee		

Limb Circumference Measurements		Left (cm)	Right (cm)
4	Top of arm level with axilla		
5	Mid upper arm		
6	Elbow joint/crease, arm extended		
7	Upper forearm		
8	Lower forearm		
9	Wrist		
13	Top of thigh level with gluteal fold		
13a	Upper thigh		
13b	Mid thigh		
14	Lower thigh		
15	Knee joint (in line with mid patella)		

Style options when standard configuration is not selected

	Left	Right
No Axilla shape: Seam lined	☐	☐
Axilla shape:		
Insert (centre seam)	☐	☐
Gusset horizontal (no centre seam)	☐	☐
Gusset vertical (no centre seam)	☐	☐
Axilla shape fabric:		
Same as base fabric	☐	☐
Lining	☐	☐
Base fabric + lining	☐	☐
Stand up turtleneck collar (give height: minimum 1cm all round)	☐	cm
Grandad collar (give height: minimum 1cm all round)	☐	cm
Sleeve elastic:		
Overlock (no elastic)	☐	☐
Regular (inverted) 1.5cm	☐	☐
Regular (inverted) 2.5cm	☐	☐
Cuff 1.5cm	☐	☐
Cuff 2.5cm	☐	☐
Silicone Regular (inverted) 2.5cm	☐	☐
Silicone cuff 2.5cm	☐	☐
Raw edge	☐	☐

	Left	Right
Distal leg elastic:		
Overlock (no elastic)	☐	☐
Regular (inverted) 1.5cm	☐	☐
Regular (inverted) 2.5cm	☐	☐
Cuff 1.5cm	☐	☐
Cuff 2.5cm	☐	☐
Silicone Regular (inverted) 2.5cm	☐	☐
Silicone cuff 2.5cm	☐	☐

Crotch

Crotch:	☐ Open	☐ Closed (standard)
Crotch finishing:	☐ Poppers	☐ Velcro

Body Zipper (tick one body zipper option only)

Open Ended Body Zipper	☐ Front	☐ Back
(only available with open crotch option)		
Closed Body Zipper	☐ Front	☐ Back
Hook & eye (on fly behind the zip to assist donning)		☐

Modifications available for all garments

All the following items will be an additional charge

Second Body Zipper - 1145

Open Ended Body Zipper (only available with open crotch option)	☐ Front	☐ Back
Closed Body Zipper	☐ Front	☐ Back
Hook & eye (on fly behind the zip to assist donning)	☐	

Limb Zippers - 1145 (tick if required)

Arm		
Zipper placement	☐ Inside of fabric	☐ Outside of fabric
Position (please select: Volar/palmside or Dorsal/back of arm)	Left	Right
	☐	☐
Length: _____ cm		
Hook & eye (on fly behind the zip to assist donning)	☐	
Leg		
Zipper placement	☐ Inside of fabric	☐ Outside of fabric
Position (please select: Medial or Lateral)	Left	Right
	☐	☐
Length: _____ cm		
Hook & eye (on fly behind the zip to assist donning)	☐	

Inset Zippers - 1144 (tick if required)

Use placement pad to mark position if required

Arm		
Extremity	☐ Distal	☐ Proximal
Zipper placement	☐ Inside of fabric	☐ Outside of fabric
Position (please select: Volar/palmside or Dorsal/back of arm)	Left	Right
	☐	☐
Length: _____ cm		
Leg		
Zipper placement	☐ Inside of fabric	☐ Outside of fabric
Position (please select: Medial or Lateral)	Left	Right
	☐	☐
Length: _____ cm		

Sleeve Linings

		Left	Right
Inner elbow lining (to protect fragile skin and provide comfort if required)	1167	☐	☐
Full elbow lining (as above)	1168	☐	☐

Sleeve Seams (standard is inner - ulnar)

		Left	Right
Outer (radial) - if you need to move seam away from the scar area	1143	☐	☐

Please note: not available with a vertical gusset axilla option.

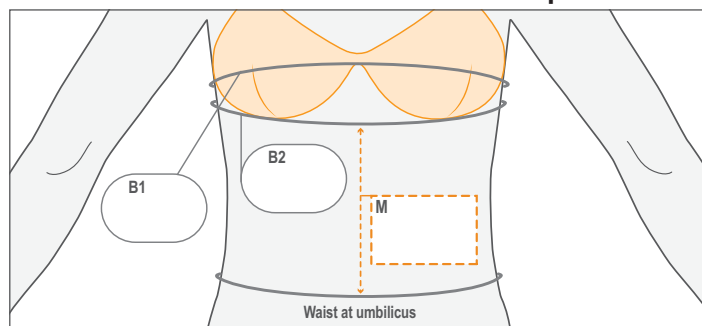
Leg Seams (standard is medial - inner)

		Left	Right
Lateral (outer) - if you need to move seam away from the scar area	1143	☐	☐

Bra Cup (tick if required - select one choice only)

Item description	Product Code	Left	Right
☐ Bra cup in base fabric and lined on the inside in soft lining	1182	☐	☐
☐ Bra cup in base fabric and lined on the inside in polycotton	1184	☐	☐
Normal bra cup size (must be provided): _____			

Additional Measurements for Bra Cups



Bra Vest Circumference Measurements

		(cm)
B1	Overbust circumference	
B2	Underbust circumference	

Bra Vest Length Measurement

		(cm)
M	Waist to under bust length	

Silon-TEX® II Insert

Silon-TEX® II fabric (sewn into garment)	1191	☐ Use placement pad to mark position
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Pockets & Pads

Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	☐ Use placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	☐ Use placement pad to mark position

Foam Pads (to insert into pocket, please select foam thickness)

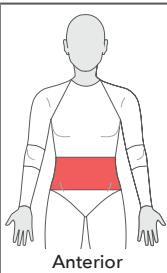
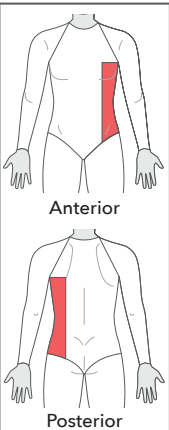
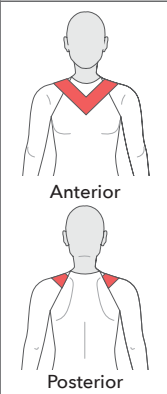
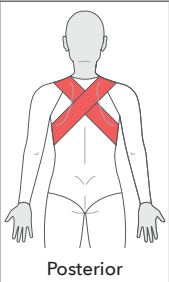
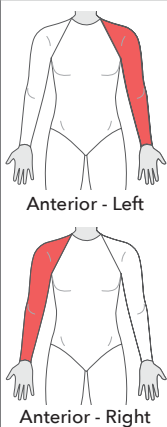
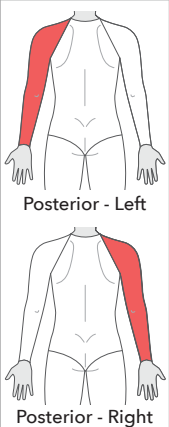
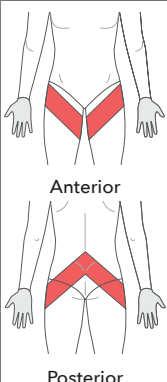
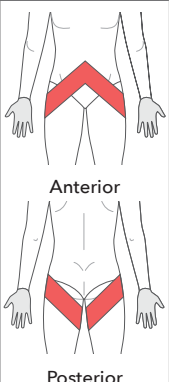
Low profile 5mm	1178	☐
Low density 20mm	1179	☐

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Reinforcement Panels

☐ (Tick if required)	Product Code	1157
The addition of specific panels provides a prolonged soft tissue stretch, promotes posture and body realignment during scar maturation		
Panels will match the base fabric colour		

☐ AAP Anterior Abdominal Panel To provide extra lumbar support Please specify length of panel from umbilicus: _____ cm	 Anterior	☐ LF Lateral Flexion Panel Anterior and posterior panel to correct lateral flexion Please tick ☐ Left ☐ Right	 Anterior Posterior
☐ UBR1 Upper Back Reinforcing Panel To provide stretch and realignment into protraction of the scapulae for scarring to the upper back	 Anterior Posterior	☐ UBR2 Upper Back Reinforcing Panel To provide stretch and realignment into retraction of the scapulae and back extension for scarring to the upper back	 Posterior
☐ UAR Upper Anterior Realignment Panel To provide stretch and realignment of the elbow into flexion to reduce extension Please tick ☐ Left ☐ Right	 Anterior - Left Anterior - Right	☐ UPR Upper Posterior Realignment Panel To provide stretch and realignment of the elbow into extension to reduce flexion Please tick ☐ Left ☐ Right	 Posterior - Left Posterior - Right
☐ AER Assisting External Rotation Panels To provide stretch and realignment of the hips by assisting external rotation to reduce internal rotation Please tick ☐ Left ☐ Right	 Anterior Posterior	☐ AIR Assisting Internal Rotation Panels To provide stretch and realignment of the hips by assisting internal rotation to reduce external rotation Please tick ☐ Left ☐ Right	 Anterior Posterior