



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:

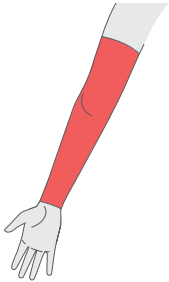
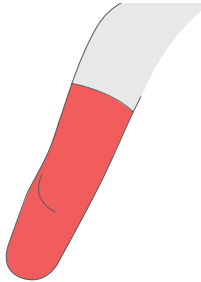
☐ Fairy & Castle ☐ Dinosaurs

Sleeve 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 0501 Sleeve ☐ Left ☐ Right 	☐ PO 1140 Stump Sleeve ☐ Left ☐ Right 
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Standard configurations for Arm Sleeve

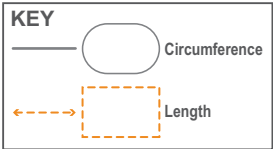
Feature	☐ Arm Sleeve (0501)	☐ Stump Sleeve (1140)
Sleeve (Proximal)	Elastic cuff 2.5cm	Elastic cuff 2.5cm
Sleeve (Distal)	Overlock	-
Zipper	None / pull-on	None / pull-on

Please note: you may use one form to order both left and right sleeves, however they must be the same garment type and theme/fabric

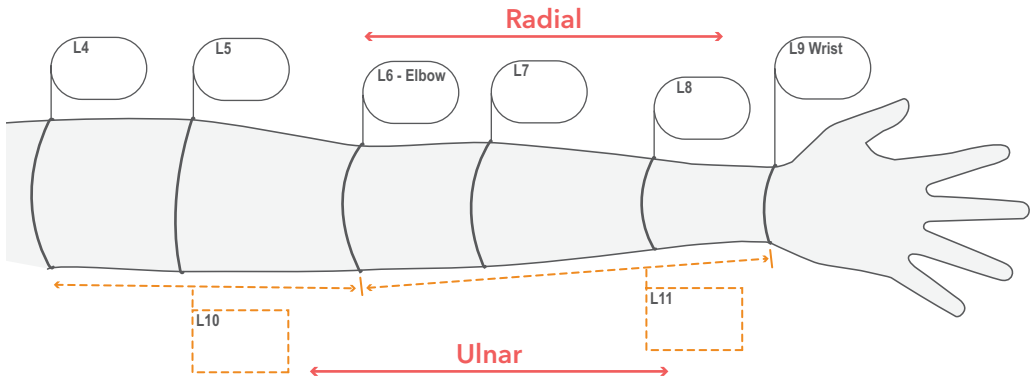
Sleeve Order Form

Order No.: _____ Patient Reference No.: _____

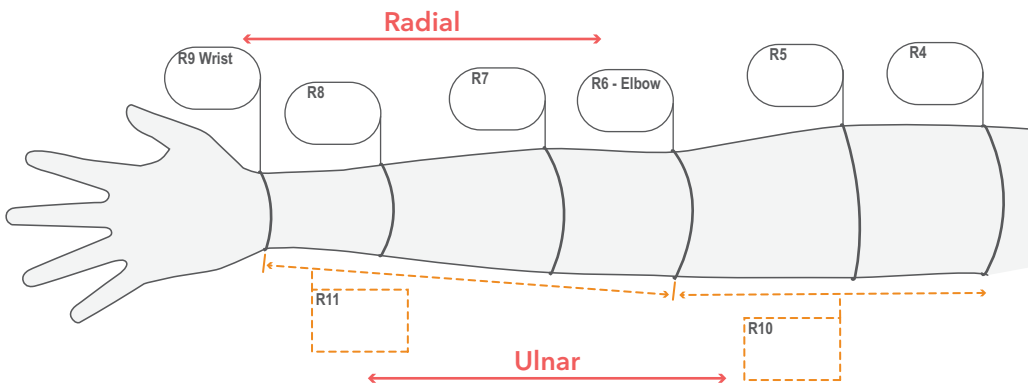
Please use this outline in conjunction with the guide and grids below
Use a traditional tape measure to record measurements. Type them in the boxes below or in the corresponding grid on the next page, both fill simultaneously.



Left Sleeve



Dorsal = Back of hand/arm
Volar = Palm side of hand/arm



Right Sleeve

Length Measurements

		Left (cm)	Right (cm)
10	From elbow joint crease to axilla or required length		
11	From elbow joint crease to wrist or required length		

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 crease		

Style options when standard configuration is not selected

		Left	Right
Proximal 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	☐	☐
	Regular (inverted) 5cm (above elbow only)	☐	☐
	Cuff 5cm (above elbow only)	☐	☐
	Silicone Regular (inverted) 5cm (above elbow only)	☐	☐
Distal elastic:	Silicone cuff 5cm (above elbow only)	☐	☐
	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	☐	☐

Sleeve Order Form

Order No.: _____ Patient Reference No.: _____

Modifications available for all garments

All the following items will be an additional charge

Zippers - 1145 (tick if required)

Arm		
Extremity	☐ Distal	☐ Proximal
Zipper placement	☐ Inside of fabric	☐ Outside of fabric
Position (please select: Ulnar, Radial, Dorsal, Volar)	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: Ulnar, Radial, Dorsal, Volar)	Left	Right
	☐	☐
Length: _____ cm		

Sleeve Linings

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

Silon-TEX® II Insert

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

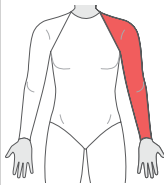
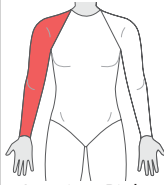
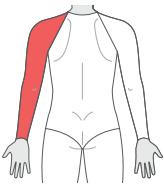
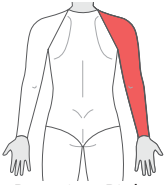
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	☐ Use placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	☐ Use placement pad to mark position

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

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

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		

☐ 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
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