



## PCP04 & PCP05 Suit 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.: \_\_\_\_\_  
Is this their first SDO®?  No  Yes  
First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
Contact me about my order via:  Email  Phone  
Attached with order:  Images  Consent form\*  
\*(Signed consent form must be supplied when providing patient images)

Clinician Number: \_\_\_\_\_

### Specifications

Sleeves:  No sleeves  Short sleeves  Long sleeves  
Legs:  Short legs  Long legs  
Crotch:  Open crotch  Closed crotch  
Gastrostomy site:  No  Yes (Please mark position at first fitting only, if a gastro opening is required, the garment will be supplied without front zip)  
Poppers:  Crotch  Inside leg  Shoulders (Sleeveless only)  
Soft Binding:  Yes (Soft binding will be applied to neck and crotch only, in complementing colour or theme if selected)

### Zip Position (please specify)

Front:  No zip  Closed  Open  Upside down  Reflux / Abdominal Zip  
Back:  No zip  Closed  Open  Upside down  
Sleeves:  No zip  Full length  Back  Mid forearm  
Legs:  No zip  Outside leg  Inside: upside down  Inside: to front of seam  
Extra Zip Strips:  Body  Pair of limbs

### Themes

- |   |  |   |                                      |   |   |
|---|--|---|--------------------------------------|---|---|
| <input type="checkbox"/> 1 Spaceman     | <input type="checkbox"/> 2 Astronaut       | <input type="checkbox"/> 3 Footballer     | <input type="checkbox"/> 4 Striker   | <input type="checkbox"/> 5 Goalie         | <input type="checkbox"/> 6 Noir           |
| <input type="checkbox"/> 7 Silver Aztec | <input type="checkbox"/> 8 Pink Aztec      | <input type="checkbox"/> 9 Leopard Flower | <input type="checkbox"/> 10 Lavender | <input type="checkbox"/> 11 Daisy         | <input type="checkbox"/> 12 Ultraviolet   |
| <input type="checkbox"/> 13 Mermaid     | <input type="checkbox"/> 14 Starlight      | <input type="checkbox"/> 15 Marshmallow   | <input type="checkbox"/> 16 Tribal   | <input type="checkbox"/> 17 Blue Frenchie | <input type="checkbox"/> 18 Fawn Frenchie |
| <input type="checkbox"/> 19 Cadet       | <input type="checkbox"/> 20 Lance Corporal | <input type="checkbox"/> 21 Pilot Officer | <input type="checkbox"/> 22 Admiral  | <input type="checkbox"/> 23 Major         | <input type="checkbox"/> 24 General       |

Please select one of the themes above, your garment will be manufactured according to the theme selected. Alternatively, select a plain coloured garment below. Without either a theme or plain garment selection, we cannot proceed with your order.

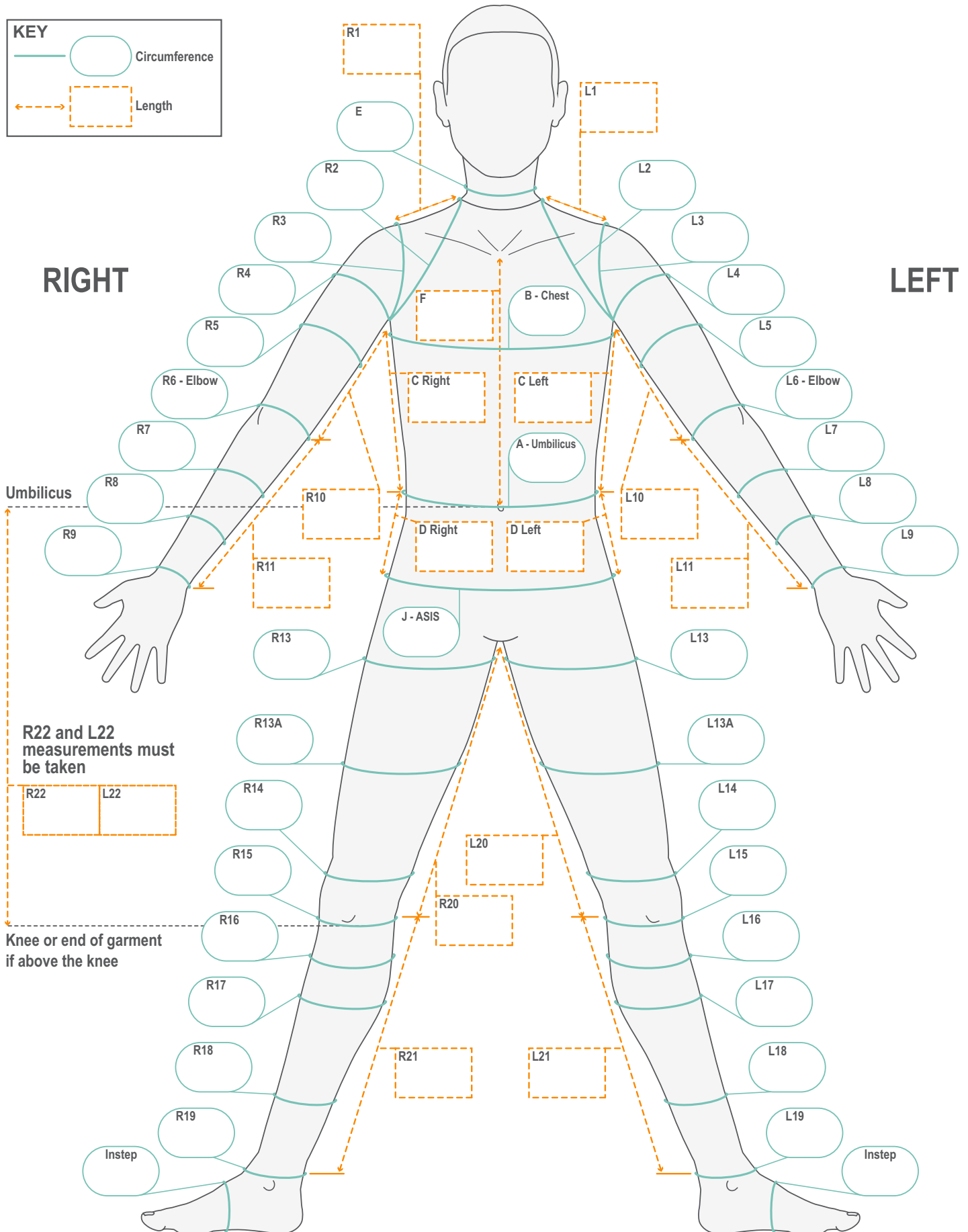
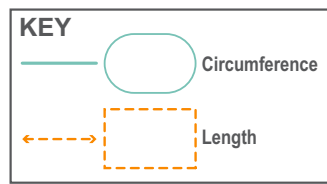
### Plain Coloured Garments (Base fabric, panels, binding and thread are all the same colour)

- White  Beige  Pink  Black  Navy Blue/Black\*  
\*Navy base fabric, black panels, binding & thread

When completed, please click: [customerservice@jobskin.co.uk](mailto: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](http://www.jobskin.co.uk/file-download)

Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_



**Important:** Please make sure when measuring for an SDO® garment that the patient is measured lying down, supine and in the best position of alignment.

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## Circumference Measurements (C)



Left (cm)

Right (cm)

A	C	Level with umbilicus, 10mm less than 'at rest' circumference		
B	C	Level with chest in line with the axillary crease		
E	C	Base of the neck		
J	C	Level with Anterior Superior Iliac Spine (ASIS)		
2	C	Shoulder joint from base of the neck (at point where neck meets shoulder below ear lobe), under the axilla and back to the same point. (Scapula set against the chest wall and the arm by the side of the body). One should be able to slide a finger under the tape measure at the front of the axilla		
3	C	Shoulder joint acromion process under the axilla and back to the same point. (Scapula set against the chest wall and the arm by the side of the body). One should be able to slide a finger under the tape measure at the front of the axilla		
4	C	Upper arm level with axilla. Arm should be by the side		
5	C	Mid upper arm level with muscle bulk of biceps, 5mm less than 'at rest' circumference		
6	C	Elbow joint with arm extended or end of sleeve		
7	C	Forearm level where muscle bulk is greatest, 5mm less than 'at rest' circumference		
8	C	Forearm at musculotendinous junction (approximately 1/3 of forearm up from the wrist)		
9	C	Wrist level with wrist crease or end of sleeves		
13	C	Leg level with the groin and gluteal fold		
13A	C	Mid-thigh level with muscle bulk, 5mm less than 'at rest' circumference		
14	C	Above knee at suprapatellar margin or end of shorts		
15	C	Level with knee joint (in line with mid patella)		
16	C	Below knee at upper margin of tibial tuberosity		
17	C	Level with bulk of calf, 5mm less than 'at rest' circumference		
18	C	Level with mid-lower leg, at point of musculotendinous junction		
19	C	Ankle level with upper margin of medial malleolus		
Instep	C	Around instep or waist of the foot (only if stirrup required)		

## Length Measurements (L)



Left (cm)

Right (cm)

C	L	Point level with axillary crease measure down side to a point level with umbilicus		
D	L	Point level with umbilicus to Anterior Superior Iliac Spine (ASIS) on anterior surface		
F	L	Below sternal notch to umbilicus on the anterior surface of the chest with the ribs held in best position of alignment. This measurement dictates the scoop of the neck at the front		
10	L	Axilla to cubital crease on the medial border or to end of short sleeve		
11	L	Point level with the cubital crease to wrist crease or end of long sleeve along ulnar border of forearm		
20	L	Inside leg groin to knee or end of SDO®		
21	L	Knee joint in line with mid-patella to upper margin of medial malleolus - measured on medial border		
22*	L	Point level with umbilicus on anterior surface to knee or end of garment if above knee		

**\*Note: Measurements R22 and L22 must be taken. Without this, we are unable to process your order**

## Length Measurement for Sleeveless Suits (L)



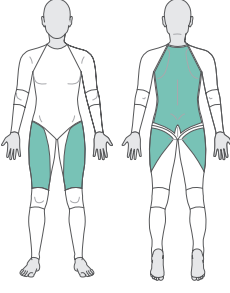
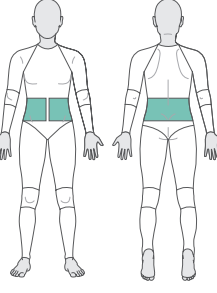
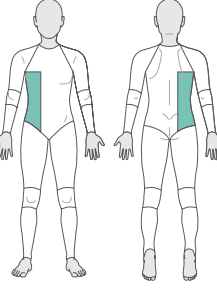
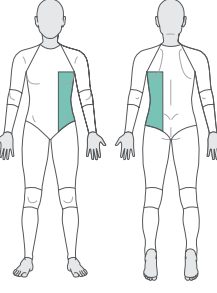
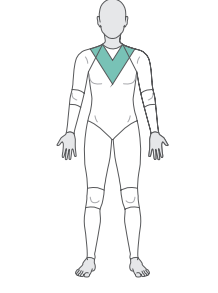
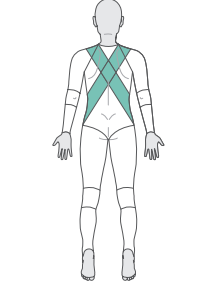
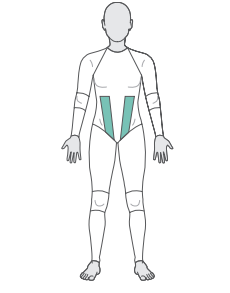
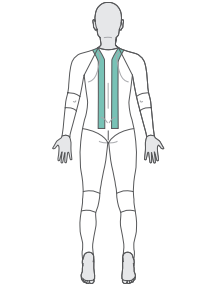
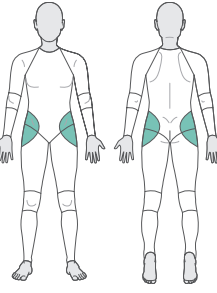
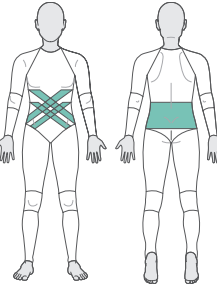
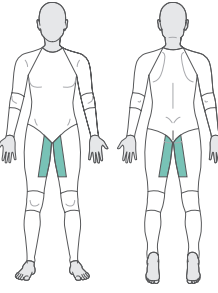
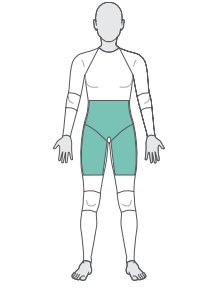
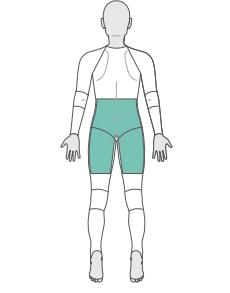
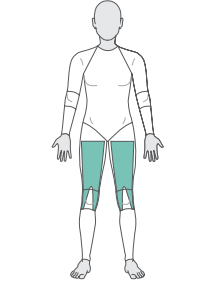
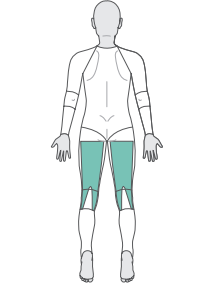
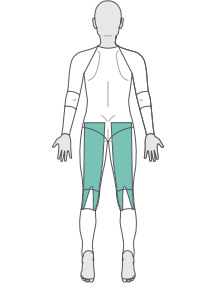
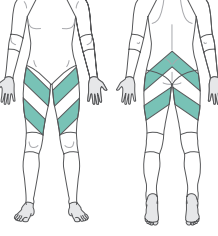
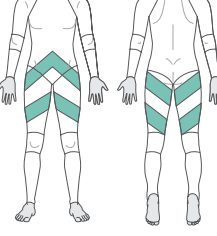
Left (cm)

Right (cm)

1	L	Acromion to base of neck or width required for Sleeveless Suit		

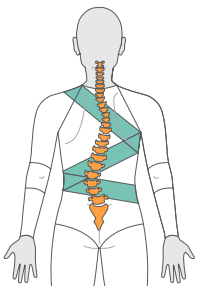
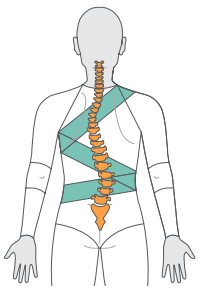
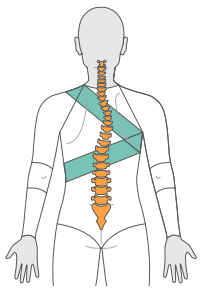
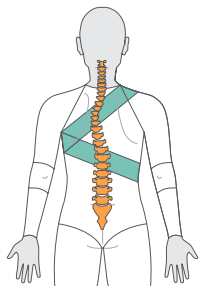
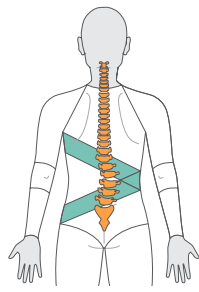
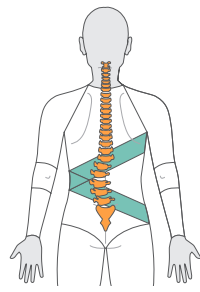
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

## Reinforcement Panels (Please specify)

<p><b>Standard Panels</b></p> <p>To assist hip external rotation and back extension</p> <p><b>SP</b></p> <p>Std panels included with Suits. Type NO if no panels are required _____</p>  <p>Anterior    Posterior</p>	<p><b>Lumbar Panels</b></p> <p>To assist postural control</p> <p><input type="checkbox"/> LP</p> <p>Extend to _____ cms above umbilicus</p>  <p>Anterior    Posterior</p>	<p><b>Lateral Trunk Panels</b></p> <p>To correct left lateral flexion</p> <p><input type="checkbox"/> TPL</p>  <p>Anterior    Posterior</p>	<p><b>Lateral Trunk Panels</b></p> <p>To correct right lateral flexion</p> <p><input type="checkbox"/> TPR</p>  <p>Anterior    Posterior</p>	<p><b>Chest Panels</b></p> <p>To assist protraction of the scapulae</p> <p><input type="checkbox"/> CP1</p>  <p>Anterior</p>	<p><b>Cross Panels</b></p> <p>To assist retraction of the scapulae and back extension</p> <p><input type="checkbox"/> CP2</p>  <p>Posterior</p>
<p><b>Abdominal Panels</b></p> <p>To resist lordosis</p> <p><input type="checkbox"/> AP</p>  <p>Anterior</p>	<p><b>Back Panels</b></p> <p>To resist kyphosis</p> <p><input type="checkbox"/> BP</p>  <p>Posterior</p>	<p><b>Hip Panels</b></p> <p>To assist hip control and external rotation</p> <p><input type="checkbox"/> HP</p>  <p>Anterior    Posterior</p>	<p><b>Oblique Panels</b></p> <p>To assist activation of oblique muscles</p> <p><input type="checkbox"/> OP</p>  <p>Anterior    Posterior</p>	<p><b>Medial Upper Leg Panels</b></p> <p>To assist adduction and internal rotation</p> <p><input type="checkbox"/> ULM</p>  <p>Anterior    Posterior</p>	<p><b>Pelvic Panels</b></p> <p>To resist posterior tilt</p> <p><input type="checkbox"/> APP</p>  <p>Anterior</p>
<p><b>Pelvic Panels</b></p> <p>To resist anterior tilt and encourage hip extension</p> <p><input type="checkbox"/> PPP</p>  <p>Posterior</p>	<p><b>Leg Panels</b></p> <p>To assist knee extension</p> <p>Long leg only</p> <p><input type="checkbox"/> KE</p>  <p>Anterior</p>	<p><b>Leg Panels</b></p> <p>To assist knee flexion</p> <p>Long leg only</p> <p><input type="checkbox"/> KF</p>  <p>Posterior</p>	<p><b>Leg Panels</b></p> <p>To assist hip extension</p> <p><input type="checkbox"/> HE</p>  <p>Posterior</p>	<p><b>External Rotation Panels</b></p> <p>To assist external rotation at the hips</p> <p><input type="checkbox"/> ERP</p> <p>If hips windswept, please indicate which side:</p> <p><input type="checkbox"/> L    <input type="checkbox"/> R</p>  <p>Anterior    Posterior</p>	<p><b>Internal Rotation Panels</b></p> <p>To assist internal rotation at the hips</p> <p><input type="checkbox"/> IRP</p> <p>If hips windswept, please indicate which side:</p> <p><input type="checkbox"/> L    <input type="checkbox"/> R</p>  <p>Anterior    Posterior</p>

Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

## Scoliosis Reinforcement Panels (Please specify)

<p><b>S-Shape Scoliosis Panels</b></p> <p>To assist correction of right thoracic and left lumbar curves</p> <p><input type="checkbox"/> SPL</p>  <p>Posterior</p>	<p><b>S-Shape Scoliosis Panels</b></p> <p>To assist correction of left thoracic and right lumbar curves</p> <p><input type="checkbox"/> SPR</p>  <p>Posterior</p>	<p><b>C-Shape Scoliosis Panels</b></p> <p>To assist correction of right thoracic curve</p> <p><input type="checkbox"/> CPL</p>  <p>Posterior</p>	<p><b>C-Shape Scoliosis Panels</b></p> <p>To assist correction of left thoracic curve</p> <p><input type="checkbox"/> CPR</p>  <p>Posterior</p>	<p><b>C-Shape Scoliosis Panels</b></p> <p>To assist correction of right lumbar curve</p> <p><input type="checkbox"/> Low CPL</p>  <p>Posterior</p>	<p><b>C-Shape Scoliosis Panels</b></p> <p>To assist correction of left lumbar curve</p> <p><input type="checkbox"/> Low CPR</p>  <p>Posterior</p>
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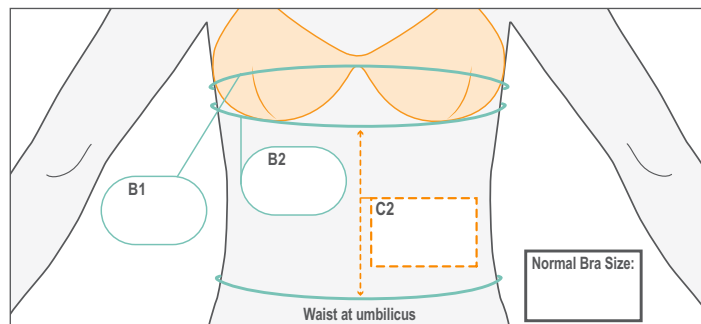
### Optional Scoliosis Measurements Left (cm) Right (cm)

L	Drop from axilla down to centre point of first panel		
L	Waist up to centre point of second panel		
L	Drop from hip to centre point of last panel		

### Optional Scoliosis Measurements (cm)

L	Width of panel *	
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\* NOTE: Paediatrics - width of panel must be between 4-10cm  
Adults - width of panel must be between 6-12cm

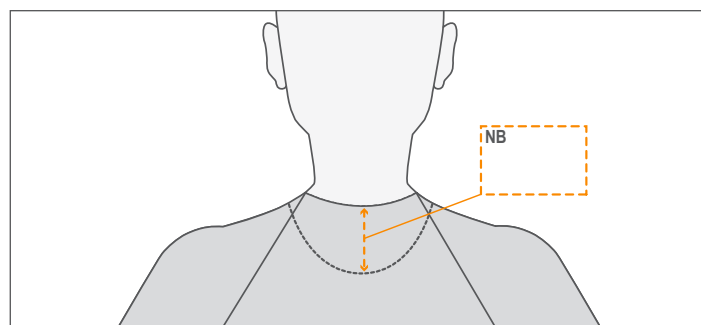


### Measurements for Bra Vest (cm)

B1	C	Overbust circumference	
B2	C	Underbust circumference	

C2	L	Length from underbust to waist	
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Normal bra size	
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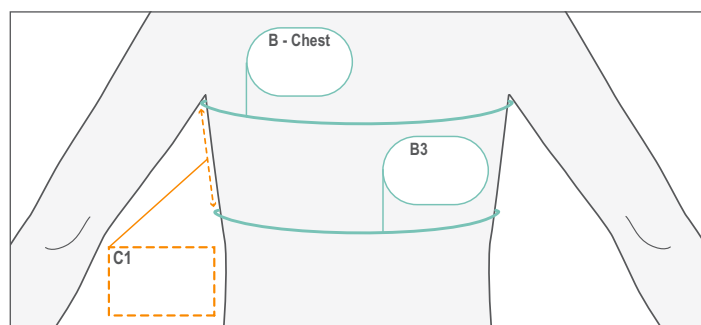
### Back Scoop Neckline Options (cm)

NB	L	Neckline scoop length at back	
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For neckline scoop at front, see F measurement

### Style Options

V Neck       Round Neck



### Measurements for Rib Flare (cm)

B	C	Circumference level with chest in line with the axillary crease	
B3	C	Rib flare circumference at widest part	

C1	L	Length from axilla to rib flare at widest part	
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