# SDO® Original Sensory Dynamic Orthosis



## Medigarments Ltd® DESIGNED AROUND YOU

## PCP01, PCP02 & PCP03 Vest and Leotard Order Form

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Order Details  Date: Date Required: Order No.:			Patient Reference No.:			
			Is this their first SDO®?			
			First Name:			
			Surname:			
Contact Name:			Date of Birth:			
Contact Phone No.	:		Diagnosis:			
Email:						
Hospital/Clinic:			Contact me about	my order via:	Email Phone	
Delivery Address:			Attached with orde	er: Images	Consent form*	
			*(Signed consent form mu	st be supplied when prov	ding patient images)	
	Post Co	ode:	Clinician Numb	oer:		
Specifications	 S					
Garment:	Vest	Leotard				
Sleeves:	No sleeves	Short sleeves	Long sleeves			
Crotch: (Leotard only)	Poppers	Velcro	Standard Fit	Higher (see draw	ing on page 5)	
Gastrostomy site:	No	Yes (Please mark posi without front zip)	tion at first fitting only, if a gas	stro opening is required, t	he garment will be supplied	
Silicone Edging:	No	Yes				
Velcro tabs:	No	Yes (To attach to legg	ings)			
Soft Binding:	Yes (Soft binding wi	ill be applied to neck and crot	ch only, in complementing co	olour or theme if selected)		
Zip Position (p	lease specify)					
Front:	No zip	Closed	Open	Upside down	Reflux / Abdominal Zip	
Back:	No zip	Closed	Open	Upside down	7 1.5 d 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Sleeves:	No zip	Full length	Back	Mid forearm		
Themes						
1 Spaceman	2 Astronaut	3 Footballer	4 Striker	5 Goalie	6 Noir	
7 Silver Aztec	8 Pink Aztec	9 Leopard Flower	10 Lavender	11 Daisy	12 Ultraviolet	
13 Mermaid	14 Starlight	15 Marshmallow	16 Tribal	17 Blue Frenchie	a 18 Fawn Frenchie	
19 Cadet	20 Lance Corpora	al 21 Pilot Officer	22 Admiral	23 Major	24 General	
		_	nufactured according to parment selection, we c		d. Alternatively, select a your order.	
Plain Coloure	d Garments (E	Base fabric, panels, binding	g and thread are all the sa	me colour)		
White	Beige	Pink	Black	Navy Blue/Black	*	

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

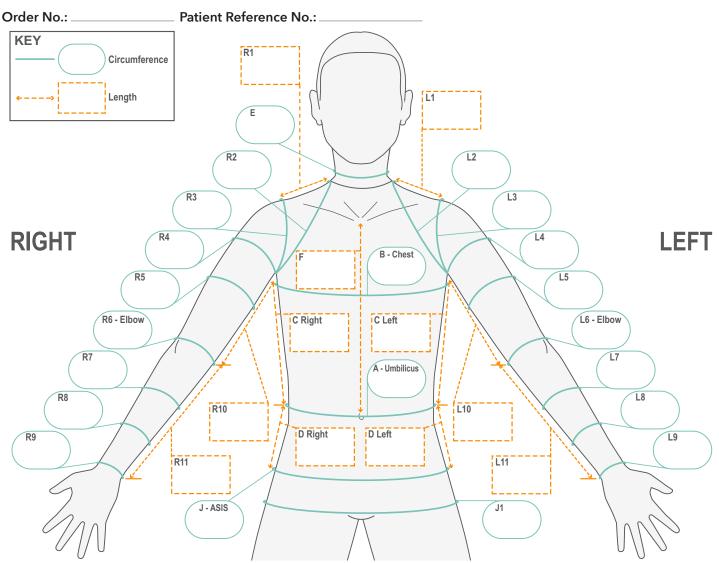
Please download your electronic forms directly from our website - www.jobskin.co.uk/file-download

\*Navy base fabric, black panels, binding & thread

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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.

Circ	umf	erence Measurements (C)	Left (cm)	Right (cm)
Α	С	Level with umbilicus, 10mm less than 'at rest' circumference		
В	С	Level with chest in line with the axillary crease		
E	С	Base of the neck		
J	С	Level with Anterior Superior Iliac Spine (ASIS) or end of garment		
J1	С	Level with widest part of buttocks		
2	С	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	С	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	С	Upper arm level with axilla. Arm should be by the side		
5	С	Mid upper arm level with muscle bulk of biceps, 5mm less than 'at rest' circumference		
6	С	Elbow joint with arm extended or end of sleeve		
7	С	Forearm level where muscle bulk is greatest, 5mm less than 'at rest' circumference		
8	С	Forearm at musculotendinous junction (approximately 1/3 of forearm up from the wrist)		
9	С	Wrist level with wrist crease or end of sleeves		

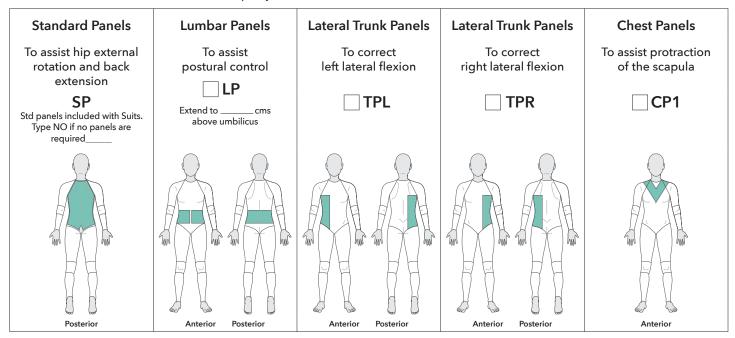


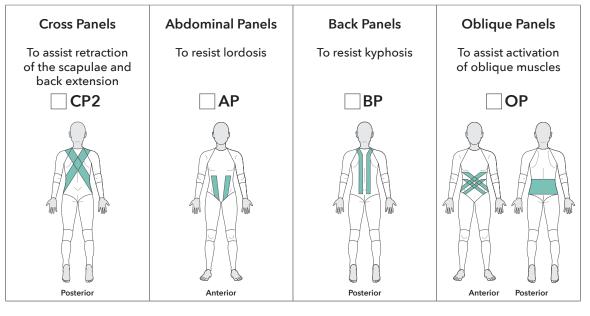
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Orde	r No	.: Patient Reference No.:			
Leng	gth	Measurements (L)	· · · · · · · · · · · · · · · · · · ·	Left (cm)	Right (cm)
С	L Point level with axillary crease measure down side to a point level with umbilicus				
D	L	Waist to hips or end of garment			
F	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	0 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				
Add	litio	nal Measurements Lengths (L)	· · · · · · · · · · · · · · · · · · ·	Left (cm)	Right (cm)
1	1	Acromian to have of neck or width required (only for Vest or I	entard with no sleeves)		

### Reinforcement Panels (Please specify)





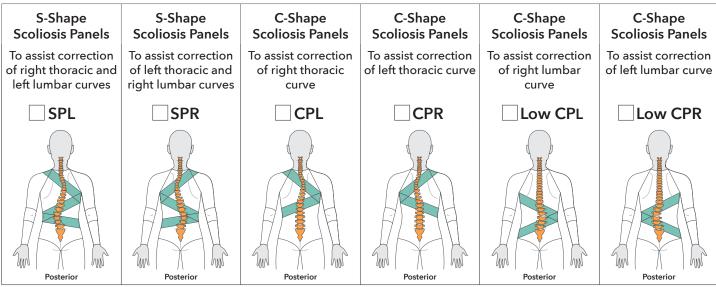
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Vest and Leotard Order Form

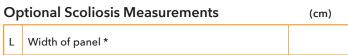
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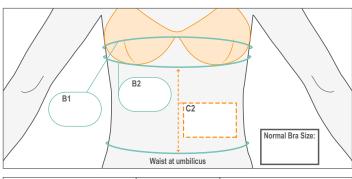
#### Scoliosis Reinforcement Panels (Please specify)

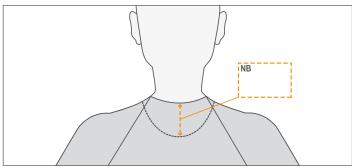


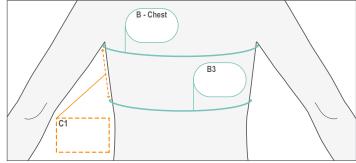
Op	tional Scoliosis Measurements	Left (cm)	Right (cm)
L	Drop from axilla down to centre point of first panel		
L	Waist up to centre point of second panel		
L	Drop from hip to centre point of last panel		



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







Mea	sur	rements for Bra Vest	(cm)
B1	С	Overbust circumference	
В2	С	Underbust circumference	
C2 L Length from underbust to waist		Length from underbust to waist	
Normal bra size		ora size	
Back Scoop Neckline Options		coop Neckline Options	(cm)

NB L Neckline scoop length at back

For neckline scoop at front, see  ${\sf F}$  measurement

### **Style Options**

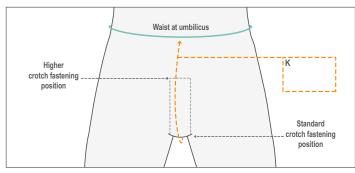
Mea	sur	ements for Rib Flare	(cm)
В	С	Circumference level with chest in line with the axillary crease	
В3	С	Rib flare circumference at widest part	
C1	L	Length from axilla to rib flare at widest part	



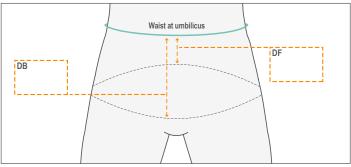
#### **Vest and Leotard Order Form**

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







Measurements for Back & Front Scoop (cm)			
DF	L	Waist down to end of garment at the front	
DB	L	Waist down to end of garment at the back	