



## PCP15, PCP19 & PCP29 Shorts and Leggings 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

Legs:  Short legs  Long legs  
Crotch:  Open crotch  Closed crotch  
High waisted:  No  Yes  
Shoulder straps:  No  Yes  
Silicone Edging:  No  Yes  
Soft Binding:  Yes (Soft binding will be applied to crotch only, in complementing colour or theme if selected)

### Zip Position (please specify)

Front:  No zip  Centre front  Double front  Reflux / Abdominal Zip  
Legs:  No zip  Outside leg  Inside: upside down  Inside: to front of seam  
Side Seam:  Waist to hip  Hip to end of leg

### 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  18 Fawn Frenchie  
 19 Cadet  20 Lance Corporal  21 Pilot Officer  22 Admiral  23 Major  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.

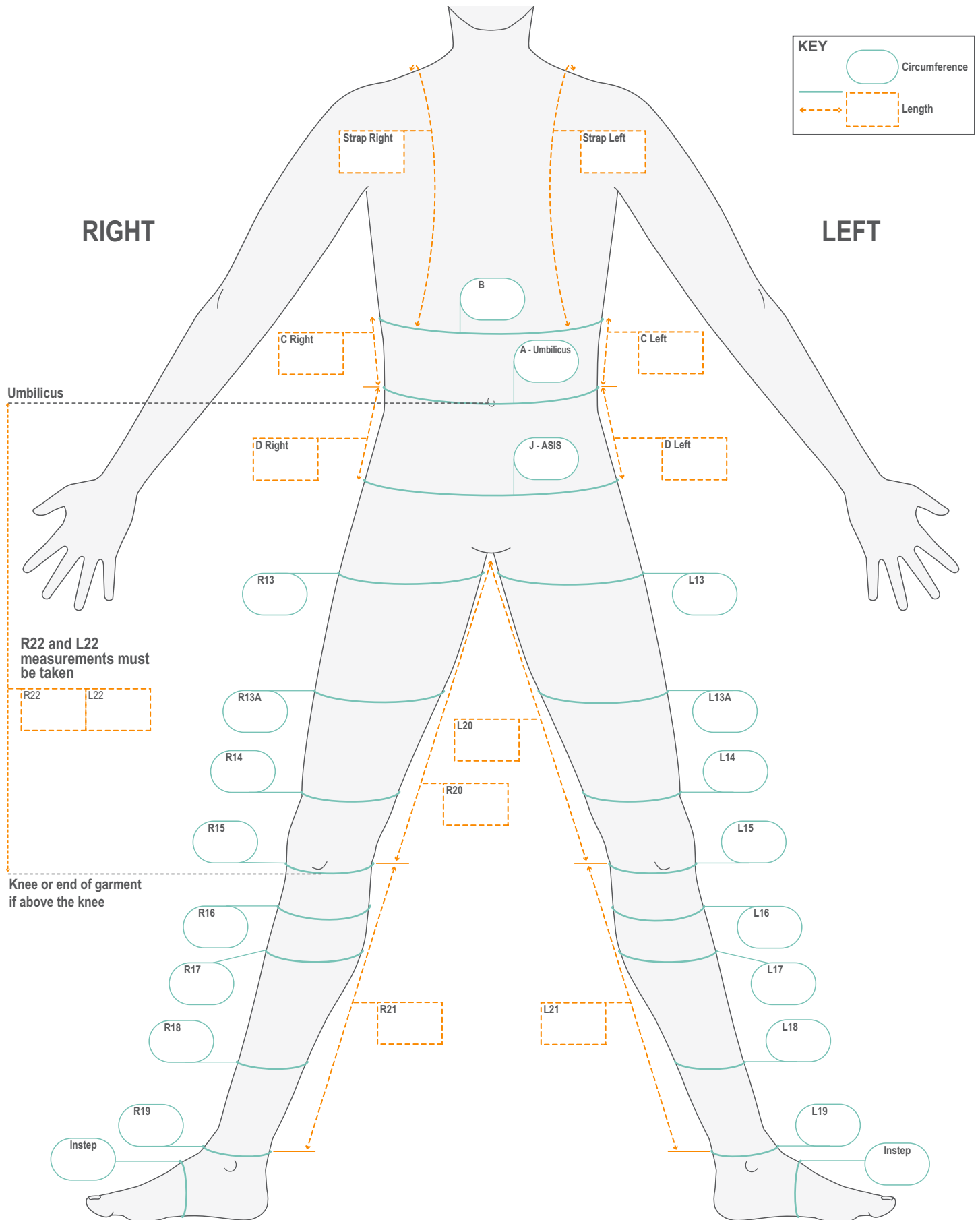
### Plain Coloured Garments (Base fabric, panels, binding and thread are all the same colour)

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		
J	C	Level with Anterior Superior Iliac Spine (ASIS)		
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	Level with upper margin of medial malleolus		
Instep	C	Around instep or waist of the foot (only if stirrup)		

### Length Measurements (L)



Left (cm) Right (cm)

D	L	Point level with umbilicus to Anterior Superior Iliac Spine (ASIS) on anterior surface		
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**

### Circumference Measurement for High Waisted Shorts & Leggings (C)



(cm)

B	C	Top of shorts or leggings		
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### Length Measurement for High Waisted Shorts & Leggings (L)

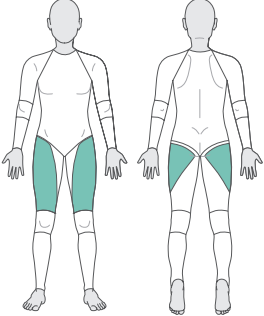
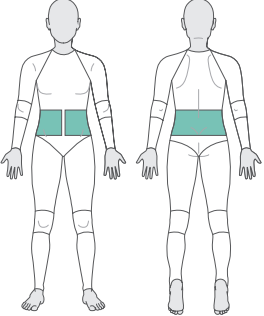
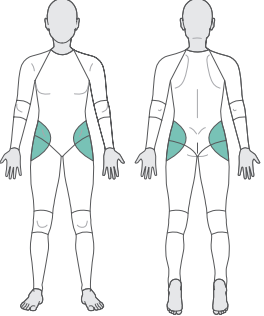
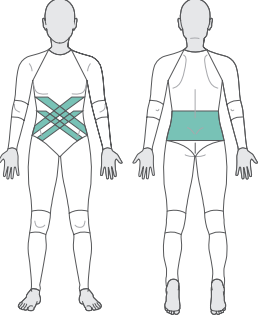
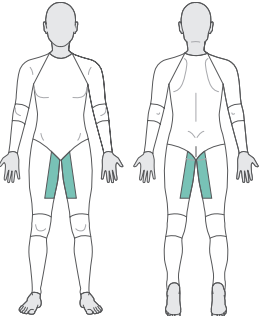
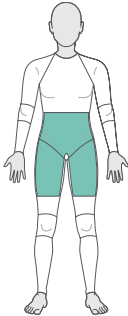
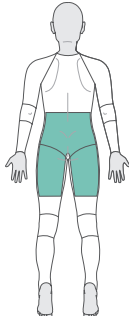
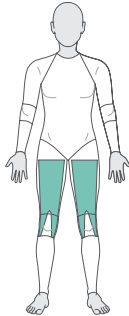
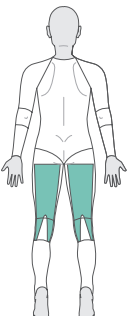
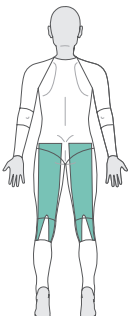
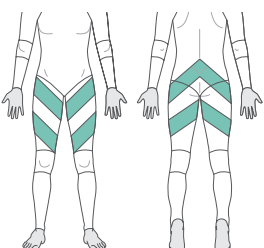
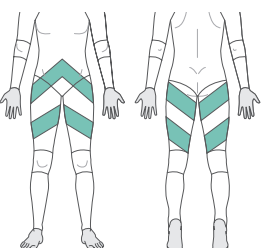


Left (cm) Right (cm)

C	L	Top of shorts to waist (A)		
Strap	L	Length of shoulder straps (only if shoulder straps are required) Polycotton material with adjustable D-ring fastener		

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><input type="checkbox"/> <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"/> <b>LP</b></p> <p>Extend to _____ cms above umbilicus</p>  <p>Anterior      Posterior</p>	<p><b>Hip Panels</b></p> <p>To assist hip control and external rotation</p> <p><input type="checkbox"/> <b>HP</b></p>  <p>Anterior      Posterior</p>	<p><b>Oblique Panels</b></p> <p>To assist activation of oblique muscles</p> <p><input type="checkbox"/> <b>OP</b></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"/> <b>ULM</b></p>  <p>Anterior      Posterior</p>	<p><b>Pelvic Panels</b></p> <p>To resist posterior tilt</p> <p><input type="checkbox"/> <b>APP</b></p>  <p>Anterior</p>	<p><b>Pelvic Panels</b></p> <p>To resist anterior tilt and encourage hip extension</p> <p><input type="checkbox"/> <b>PPP</b></p>  <p>Posterior</p>	<p><b>Leg Panels</b></p> <p>To assist knee extension Long leg only</p> <p><input type="checkbox"/> <b>KE</b></p>  <p>Anterior</p>
<p><b>Leg Panels</b></p> <p>To assist knee flexion Long leg only</p> <p><input type="checkbox"/> <b>KF</b></p>  <p>Posterior</p>	<p><b>Leg Panels</b></p> <p>To assist hip extension</p> <p><input type="checkbox"/> <b>HE</b></p>  <p>Posterior</p>	<p><b>External Rotation Panels</b></p> <p>To assist external rotation at the hips</p> <p><input type="checkbox"/> <b>ERP</b></p> <p>If hips windswept, please indicate which side:</p> <p><input type="checkbox"/> <b>L</b>   <input type="checkbox"/> <b>R</b></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"/> <b>IRP</b></p> <p>If hips windswept, please indicate which side:</p> <p><input type="checkbox"/> <b>L</b>   <input type="checkbox"/> <b>R</b></p>  <p>Anterior      Posterior</p>