



Order Form Details

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: _____

Please continue to fill in the garment details using the following pages.

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

Glove Order Form

All fields are required in order to process your order

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

Zips

☐ None ☐ Colour Matching

Bindings - no binding choice available on glove garments.

Thread

☐ Colour Matching ☐ Beige ☐ White ☐ Tan ☐ Pastel Pink ☐ Bright Pink
☐ Red ☐ Purple ☐ Green ☐ Pastel Blue ☐ Royal Blue ☐ Denim Blue
☐ Navy Blue ☐ Black

Premium Active - 50 UPF (both garment colour choices are designed with black zipper and thread) (no themed binding is available with this fabric option)

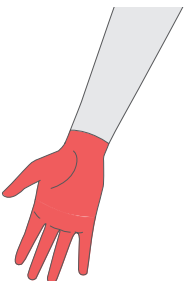
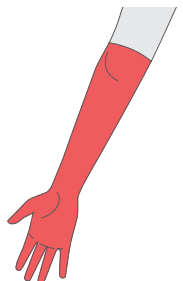
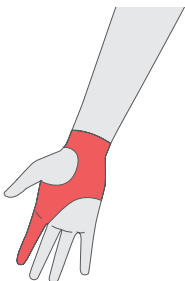
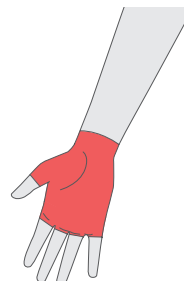
☐ Eucalyptus Green ☐ Black

Premium Q10 - Q10 cosmetic ingredient (zipper & thread are matching - plain colours are based on the Fitzpatrick scale) (no themed binding is available with this fabric option)

Plain Q10: ☐ Type 2 (white, fair) ☐ Type 3 (medium white to olive) ☐ Type 4 (olive, moderate brown) ☐ Type 5 (brown dark brown) ☐ Type 6 (brown, very dark, brown to black)

Printed Q10: ☐ Fairy & Castle ☐ Dinosaurs

Garment (please indicate)

<input type="checkbox"/> PO 0535 Glove up to 7.6cm above wrist <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Open Tips <input type="checkbox"/> Closed Tips 	<input type="checkbox"/> PO 0534 Glove above 7.6cm to axilla or required finished length <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Open Tips <input type="checkbox"/> Closed Tips 	<input type="checkbox"/> PO 0025 Individual Finger Sleeve Glove (One finger only) <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> PO 0036 Interdigital Web Spacer Glove - worn over a glove <input type="checkbox"/> Left <input type="checkbox"/> Right 
--	--	--	--

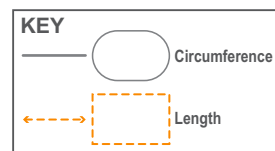
Please note: use one form per garment. E.g. If you are ordering both left and right gloves, please use two forms

Glove Order Form

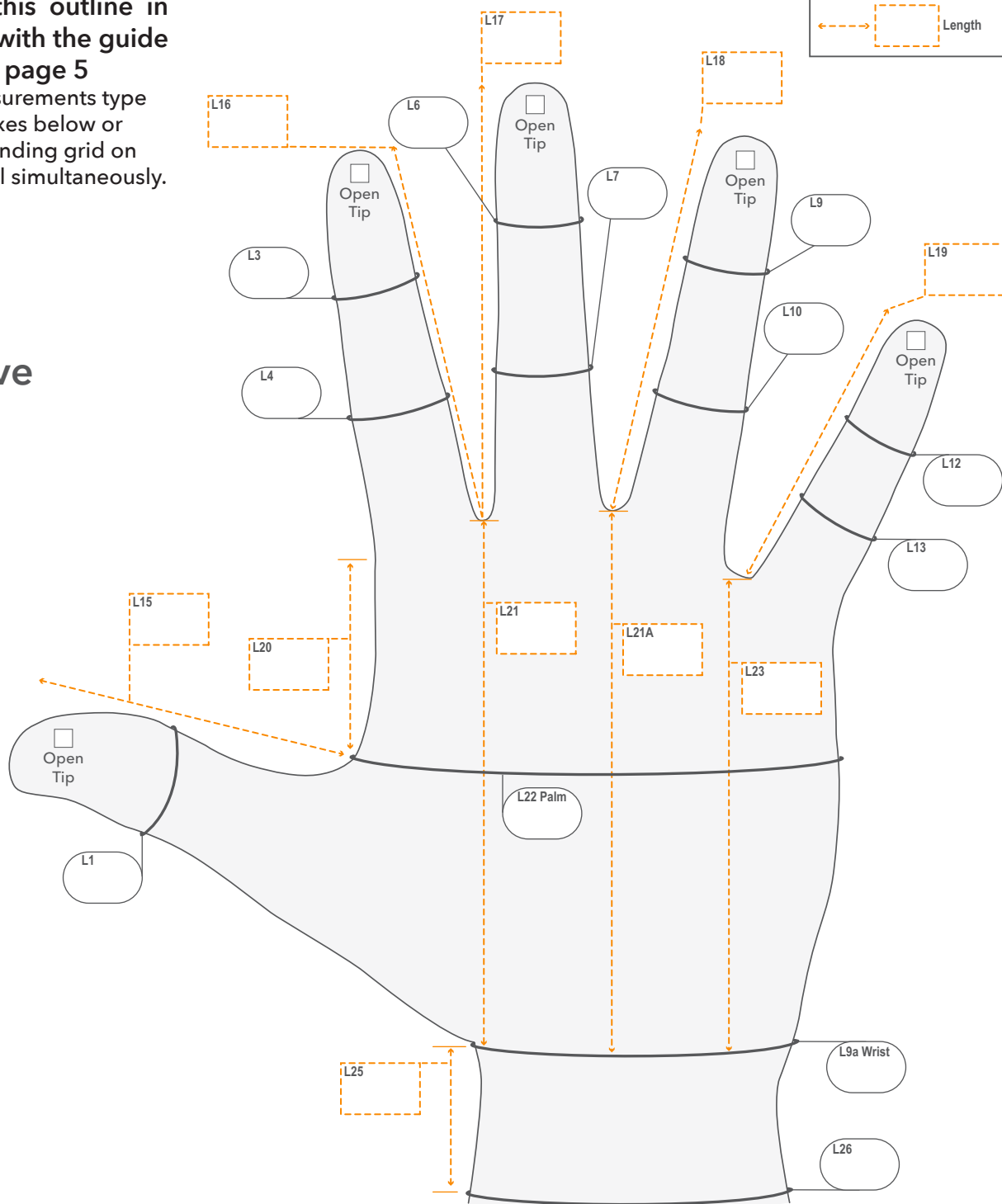
Order No.: _____ Patient Reference No.: _____

Please use this outline in conjunction with the guide and grids on page 5

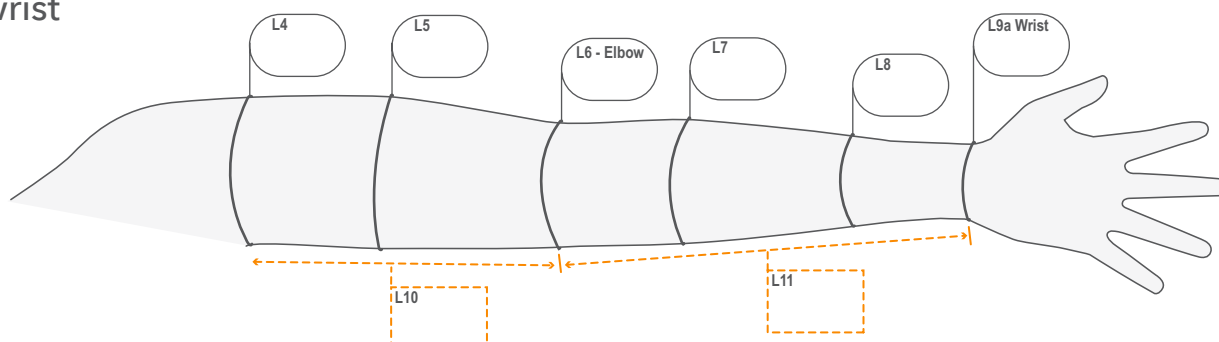
To record measurements type them in the boxes below or in the corresponding grid on page 5, both fill simultaneously.



Left Glove



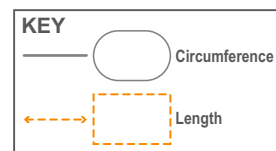
Left Arm For Glove above wrist



Glove Order Form

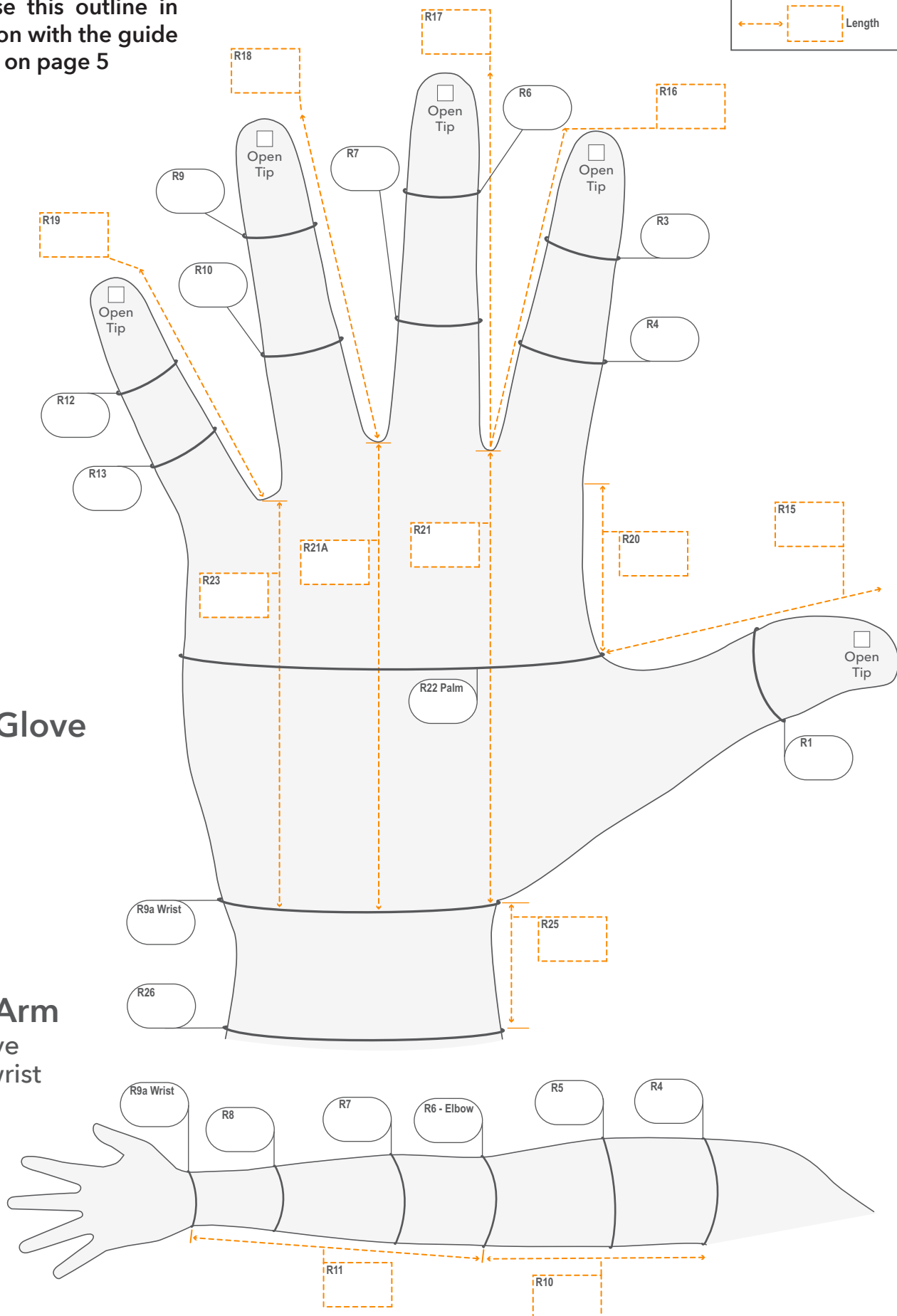
Order No.: _____ Patient Reference No.: _____

Please use this outline in conjunction with the guide and grids on page 5



Right Glove

Right Arm For Glove above wrist



Glove Order Form

Order No.: _____ Patient Reference No.: _____

Please note: Glove with less than 5 digits:
If you do not require all 5 digits to be included, please indicate by placing an 'X' in the measurement box.

Circumference Measurements		Left (cm)	Right (cm)
1	Thumb IP joint		
3	Index finger DIP		
4	Index finger PIP		
6	Middle finger DIP		
7	Middle finger PIP		
9	Ring finger DIP		
10	Ring finger PIP		
12	Little finger DIP		
13	Little finger PIP		
9a	Wrist crease		
22	Palm (ensure palm is opened out fully)		
26	Forearm at finished length of glove		

Length Measurements		Left (cm)	Right (cm)
10	From elbow joint/crease to axilla or required length		
11	From wrist crease to elbow or required length		
15	Thumb web to finished length		
16	Index finger		
17	Middle finger		
18	Ring finger		
19	Little finger		
20	Thumb web to base of index finger		
21	Wrist to 2nd web		
21a	Wrist to 3rd web		
23	Wrist to 4th web		
25	Wrist to finished length		

For PO 0025: Individual finger sleeve glove, please complete the following:
Hand Circumferences: 9a, 22
Hand Lengths: 20, 21, 21a, 23
 Circumferences and finished length of the required digit

For PO 0036: Interdigital Web Spacer, please complete the following:
Circumferences: 1, 4, 7, 9a, 10, 13, 22
Lengths: 15, 20, 21, 21a, 23

Open tip gloves (tick if required)		Left	Right
15	Thumb	<input type="checkbox"/>	<input type="checkbox"/>
16	Index finger	<input type="checkbox"/>	<input type="checkbox"/>
17	Middle finger	<input type="checkbox"/>	<input type="checkbox"/>
18	Ring finger	<input type="checkbox"/>	<input type="checkbox"/>
19	Little finger	<input type="checkbox"/>	<input type="checkbox"/>

Limb measurements: The new range can be measured using either method A using a traditional measure tape or method B using our specialised limb paper tapes, to record the arm/limb measurements.

Method A: For PO 0534 Glove above 7.6cm to axilla or required finished length

		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		
9a	Wrist crease		

Method B

Arm (Use PINK paper tape for the arm)

Left (cm)		Right (cm)
	Distal Pleat	

Wrist

	-4½	
	-3	
	-1½	
	0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	Elbow 9	
	+10½	
	+12	
	+13½	
	+15	
	+16½	
	+18	

Axilla

	Proximal Pleat	
--	-----------------------	--

Please note: When selecting the end of glove elastic finish, all options are included in the finished length, indicated by the paper tapes recorded above. (This includes the CUFF finish)

Glove Order Form

Order No.: _____ Patient Reference No.: _____

Style Options

Proximal elastic:	Overlock (no elastic)	Left	Right
	Regular (inverted) 1.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 1.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone cuff 5cm	<input type="checkbox"/>	<input type="checkbox"/>
Distal elastic:	Overlock (no elastic)	Left	Right
	Regular (inverted) 1.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Regular (inverted) 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 1.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Cuff 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 2.5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone Regular (inverted) 5cm	<input type="checkbox"/>	<input type="checkbox"/>
	Silicone cuff 5cm	<input type="checkbox"/>	<input type="checkbox"/>

5cm elastic option is not recommended on gloves to wrist or elbow length

Modifications

All the following items will be an additional charge

Zippers - 1145 (tick if required)

Glove to wrist			
Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric	
Position (please select: Ulnar, Radial, Radial Dorsal, Dorsal, Palmer)	Left	Right	
	<input type="checkbox"/>	<input type="checkbox"/>	
Length: _____ cm			
Hook & eye (on fly behind the zip to assist donning)	<input type="checkbox"/>	<input type="checkbox"/>	

Inset Zippers - 1144 (tick if required)

Use placement pad to mark position if required			
Arm			
Extremity	<input type="checkbox"/> Distal	<input type="checkbox"/> Proximal	
Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric	
Position (please select: Medial, Lateral, Dorsal, Volar)	Left	Right	
	<input type="checkbox"/>	<input type="checkbox"/>	
Length: _____ cm			

Sleeve Linings

Description	Product Code	Left	Right
Inner elbow lining (to protect fragile skin and provide comfort if required)	1167	<input type="checkbox"/>	<input type="checkbox"/>
Full elbow lining (as above)	1168	<input type="checkbox"/>	<input type="checkbox"/>

Reinforcements

Description	Product Code	Left	Right
Reinforced palm (outside of glove for high wear area)	0021	<input type="checkbox"/>	<input type="checkbox"/>
Non-slip grip to palm (glove only)	1197	<input type="checkbox"/>	<input type="checkbox"/>

Slant Inserts

Description	Product Code	Left	Right
Slant Inserts (a seam is sewn between the digits when additional pressure is required into the web spaces of the hand)	1169	<input type="checkbox"/>	<input type="checkbox"/>

Silon-TEX® II Insert

Silon-TEX® II fabric (sewn into garment)	1191	<input type="checkbox"/> Use placement pad to mark position
--	------	---

Pockets & Pads

Description	Product Code	
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	<input type="checkbox"/> Use placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	<input type="checkbox"/> Use placement pad to mark position

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

Low profile 5mm	1178	<input type="checkbox"/>
Low density 20mm	1179	<input type="checkbox"/>
High density 25mm	1180	<input type="checkbox"/>