



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

Body Suit Order Form

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Premium Original

Plain Powernet:

☐ Beige

☐ Tan

☐ Blossom

☐ Red

☐ Raspberry

☐ Classy Blue

☐ Denim Blue

☐ Black

☐ Pink Camo

☐ Green Camo

Printed Powernet:

☐ Unicorn

☐ Safari Car

☐ Paw Print

☐ Blue Camo

☐ Rainbow Unicorn

Zips (Themed zip only available with outside zipper modification)

☐ None

☐ Colour Matching

☐ Leopard

☐ Camouflage

☐ Galaxy

☐ Rainbow

☐ Tribe

Bindings (End of sleeve and end of shorts & leggings only, no binding on crotch & neckline)
(No binding choice available on sock, foot glove, gloves, gauntlets & head garments.)

☐ None

☐ Daisies

☐ Roses

☐ Rainbow Mermaid

☐ Pink Tribe

☐ Rocket

☐ B&W Football

☐ Pink Football

☐ Pink Hearts

☐ Silver Aztec

☐ Pink Aztec

☐ Spots & Stripes

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 and 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

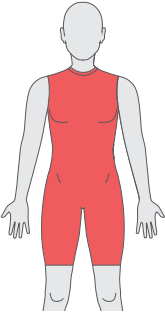
☐ Dinosaurs

Garment (please indicate)

☐ PO 0558
Body Suit Above Knee with No Sleeves

☐ Open Crotch

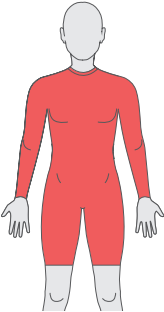
☐ Closed Crotch



☐ PO 0560
Body Suit Above Knee with Long Sleeves

☐ Open Crotch

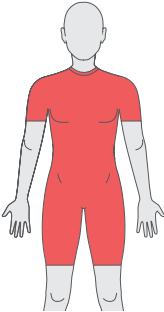
☐ Closed Crotch



☐ PO 0561
Body Suit Above Knee with Short Sleeves

☐ Open Crotch

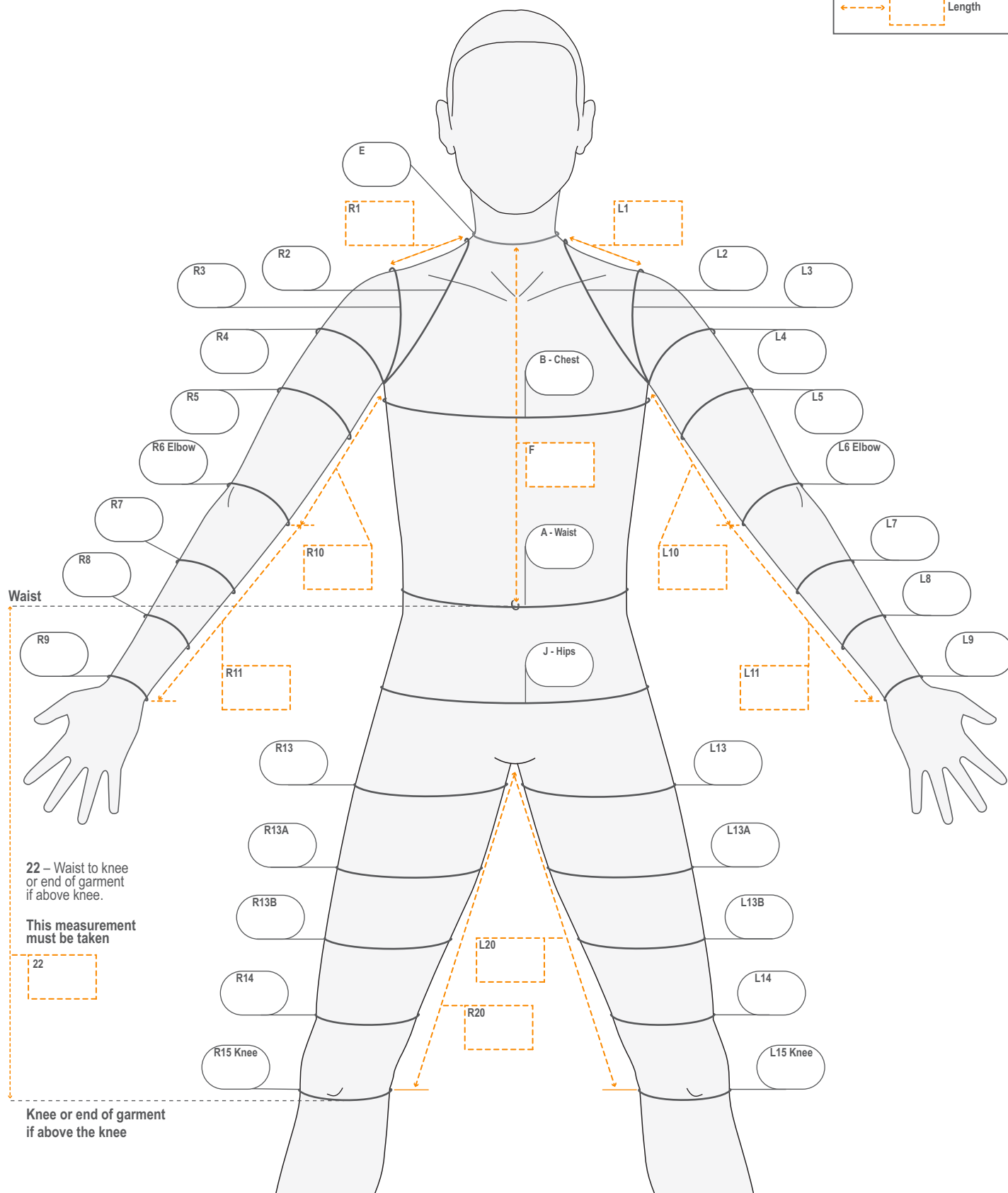
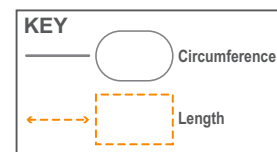
☐ Closed Crotch



Body Suit Order Form

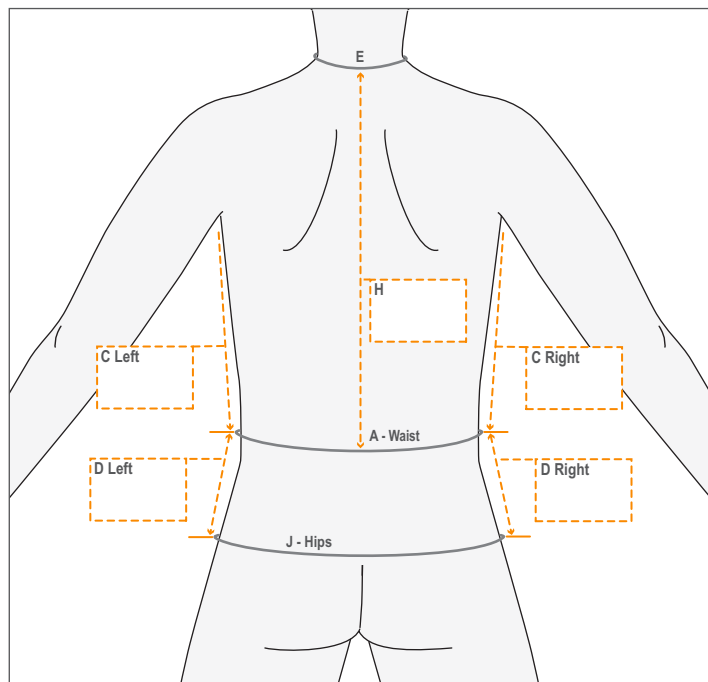
Order No.: _____ Patient Reference No.: _____

Please use this outline in conjunction with the guide and grids on pages 4 & 5
To record measurements type them in the boxes below or in the corresponding grid on the next page, both fill simultaneously.



Body Suit Order Form

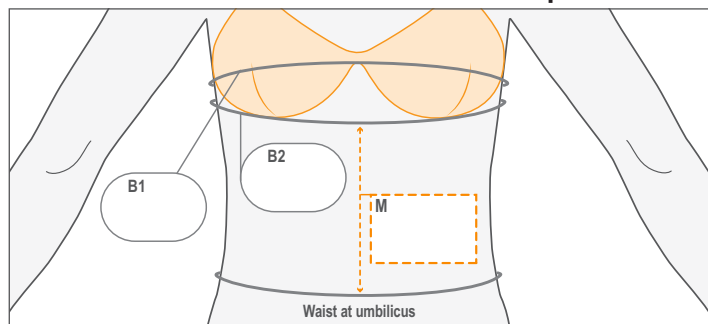
Order No.: _____ Patient Reference No.: _____



Torso Circumference Measurements		Left (cm)	Right (cm)
A	Waist at umbilicus		
B	Chest at axilla level		
E	Neck below Adam's apple		
J	Hips		
2	Base of neck around axilla and back		
3	Around shoulder joint over acromion		

Length Measurements		Left (cm)	Right (cm)
C	Into anterior axilla to waist (front view)		
D	Waist to hips or end of garment		
F	Required front neckline to waist		
H	Required back neckline to waist		
1	Base of neck to acromion		
10	Into anterior axilla to elbow joint/crease		
11	Elbow joint/crease to wrist		
20	Inside leg (into groin) to knee joint or required length if above knee		
22	Waist to knee or required length of garment if above knee		

Additional Measurements for Bra Cups



Bra Vest Circumference Measurements		(cm)
B1	Overbust circumference	
B2	Underbust circumference	

Bra Vest Length Measurement		(cm)
M	Waist to under bust length	

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/leg/limb measurements.

Method A		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		
13	Top of thigh level with gluteal fold		
13a	Upper thigh		
13b	Mid thigh		
14	Lower thigh		
15	Knee joint (in line with mid patella)		

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	

Body Suit Order Form

Order No.: _____ Patient Reference No.: _____

Method B

Leg (use PURPLE paper tape)

Left (cm)		Right (cm)
	Distal Pleat	
	+15	
	+16½	
	+18	
	+19½	
	+21	
	+22½	
	+24	
	+25½	
	+27	
	+28½	
	+30	
	Proximal Pleat	

Please note:

When selecting the sleeve and leg elastic finish - all options are included in the finished length indicated by the paper tapes recorded above. (This includes the CUFF finish)

All Other Style Options

		Left	Right
Axilla shape:	Insert (centre seam)	<input type="checkbox"/>	<input type="checkbox"/>
	Gusset horizontal (no centre seam)	<input type="checkbox"/>	<input type="checkbox"/>
	Gusset vertical (no centre seam)	<input type="checkbox"/>	<input type="checkbox"/>
Axilla shape fabric:	Same as base fabric	<input type="checkbox"/>	<input type="checkbox"/>
	Lining	<input type="checkbox"/>	<input type="checkbox"/>
	Base fabric + Lining	<input type="checkbox"/>	<input type="checkbox"/>
No Axilla shape:	Seam Lined	<input type="checkbox"/>	<input type="checkbox"/>
	Seam Not Lined	<input type="checkbox"/>	<input type="checkbox"/>
Stand up turtleneck collar <input type="checkbox"/> _____ cm (give height)			
Grandad collar (give height) <input type="checkbox"/> _____ cm			
Sleeve elastic:	Overlock (no elastic)	<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 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 Leg elastic:	Overlock (no elastic)	<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 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"/>

Crotch

Crotch: ☐ Open ☐ Closed (Standard - lined gusset)
Crotch finishing: ☐ Poppers ☐ Velcro

Modifications

All the following items will be an additional charge

Bra Cup (tick if required - select one choice only)

Item description	Product Code	Left	Right
<input type="checkbox"/> Bra cup in base fabric as standard	1182	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bra cup in base fabric and lined on the inside in polycotton	1184	<input type="checkbox"/>	<input type="checkbox"/>
Normal bra size (must be provided)			

Body Zipper - 1145 (tick if required)

Body Zipper (open ended): ☐ Front ☐ Back
Hook and eye (on fly behind the zip to assist donning) ☐

Limb Zippers - 1145 (tick if required)

Arm			
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			
Hook and eye (on fly behind the zip to assist donning)		<input type="checkbox"/>	
Leg			
Zipper placement		<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric
Position (please select: Medial or Lateral)		Left	Right
		<input type="checkbox"/>	<input type="checkbox"/>
Length: _____ cm			
Hook and eye (on fly behind the zip to assist donning)		<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		
Leg			
Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric	
Position (please select: Medial or Lateral)		Left	Right
		<input type="checkbox"/>	<input type="checkbox"/>
Length: _____	cm		

Sleeve Linings

		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"/>

Silon-TEX® II Insert

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

		Left	Right
Lateral (outer) - if you need to move seam away from the scar area	1143	<input type="checkbox"/>	<input type="checkbox"/>

Please note: not available with a vertical gusset axilla option.

Leg Seams (Standard is Medial - inner)

		Left	Right
Lateral (outer) - if you need to move seam away from the scar area	1143	<input type="checkbox"/>	<input type="checkbox"/>

Pockets & Pads

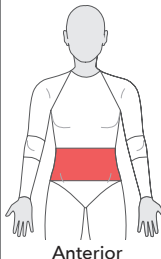
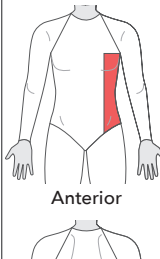
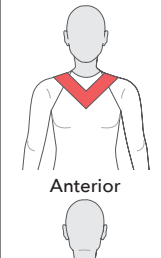
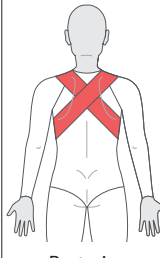
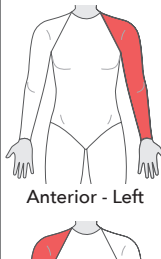
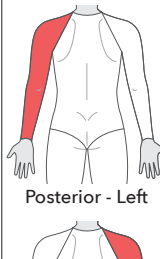
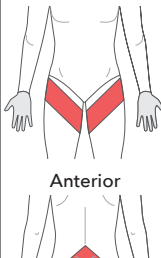
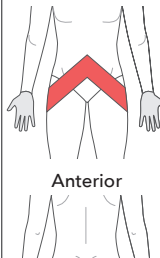
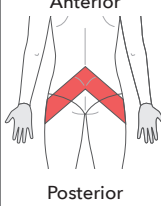
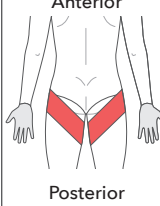
Pocket (sewn in for the insertion of pads to apply extra pressure to certain areas) Please specify position	0027	<input type="checkbox"/> Use placement pad to mark position
Silon-TEX® II pocket (as above but covered with Silon-TEX® II fabric)	1147	<input type="checkbox"/> Use placement pad to mark position

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"/>

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		

<input type="checkbox"/> AAP Anterior Abdominal Panel To provide extra lumbar support Please specify length of panel from umbilicus: _____ cm	 <p>Anterior</p>	<input type="checkbox"/> LF Lateral Flexion Panel Anterior and posterior panel to correct lateral flexion Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 <p>Anterior</p>
<input type="checkbox"/> UBR1 Upper Back Reinforcing Panel To provide stretch and realignment into protraction of the scapulae for scarring to the upper back	 <p>Anterior</p>	<input type="checkbox"/> UBR2 Upper Back Reinforcing Panel To provide stretch and realignment into retraction of the scapulae and back extension for scarring to the upper back	 <p>Posterior</p>
<input type="checkbox"/> UAR Upper Anterior Realignment Panel To provide stretch and realignment of the elbow into flexion to reduce extension Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 <p>Anterior - Left</p>	<input type="checkbox"/> UPR Upper Posterior Realignment Panel To provide stretch and realignment of the elbow into extension to reduce flexion Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 <p>Posterior - Left</p>
<input type="checkbox"/> AER Assisting External Rotation Panels To provide stretch and realignment of the hips by assisting external rotation to reduce internal rotation Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 <p>Anterior</p>	<input type="checkbox"/> AIR Assisting Internal Rotation Panels To provide stretch and realignment of the hips by assisting internal rotation to reduce external rotation Please tick <input type="checkbox"/> Left <input type="checkbox"/> Right	 <p>Anterior</p>
	 <p>Posterior</p>		 <p>Posterior</p>