



## 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](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)

## Sleeve 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 (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)

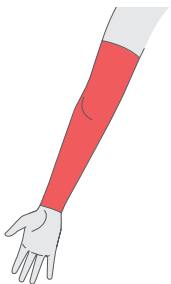
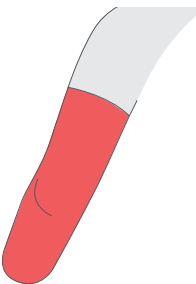
(No themed binding is available with this fabric option)  
☐ Eucalyptus Green ☐ Black

### 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)

<input type="checkbox"/> <b>PO 0501</b> Sleeve <input type="checkbox"/> Left <input type="checkbox"/> Right 	<input type="checkbox"/> <b>PO 1140</b> Stump Sleeve <input type="checkbox"/> Left <input type="checkbox"/> Right 
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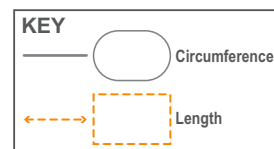
**Please use 1 form per garment.**  
 (E.g. If you are ordering both right & left sleeve, please use two forms.)

## Sleeve Order Form

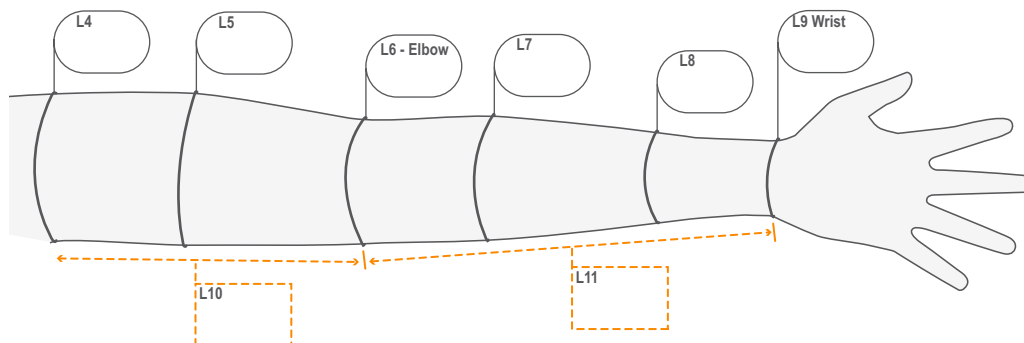
Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

**Please use this outline in conjunction with the guide and grids below**

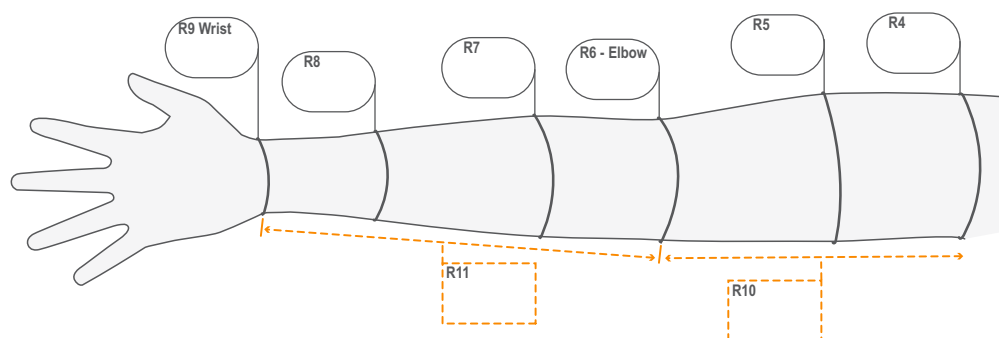
To record measurements type them in the boxes below or in the corresponding grid, both fill simultaneously.



## Left Sleeve



## Right Sleeve



### 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		

**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

		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 crease		

**Please note:**

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

### Method B

**Arm** (Use PINK paper tape for the arm)

Left (cm)		Right (cm)
	<b>Distal Pleat</b>	

#### Wrist

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

#### Axilla

	<b>Proximal Pleat</b>	
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## Sleeve Order Form

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

### Style Options

	Left	Right
<b>Distal elastic:</b>		
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"/>
<b>Proximal elastic:</b>		
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"/>

### Sleeve Linings

Item 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"/>

### Pockets & Pads

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

## Modifications

All the following items will be an additional charge

### Zippers - 1145 (tick if required)

<b>Arm</b>		
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		
Hook and 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		
<b>Arm</b>		
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		

### 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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