



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

Socks 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

Bindings - no binding choice available on socks garments.

Zips

☐ None

☐ Colour Matching

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 0020**
New Premium Ankle
Side seam design
☐ Open Toe ☐ Closed Toe
☐ Left ☐ Right

☐ **PO 0021**
New Premium Knee Length Sock
Side seam design
☐ Open Toe ☐ Closed Toe
☐ Left ☐ Right

Use measurement method A for PO 0020 & PO 0021

Side seam design

Please use 1 form per garment.

(E.g. If you are ordering both right & left sock, please use two forms)

☐ **PO 0105**
Traditional Premium Ankle
Back seam design
☐ Open Toe ☐ Closed Toe
☐ Left ☐ Right

☐ **PO 0101**
Traditional Premium Knee Length Sock
Back seam design
☐ Open Toe ☐ Closed Toe
☐ Left ☐ Right

Use measurement method B for PO 0105 & PO 0101

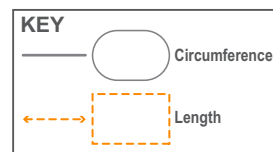
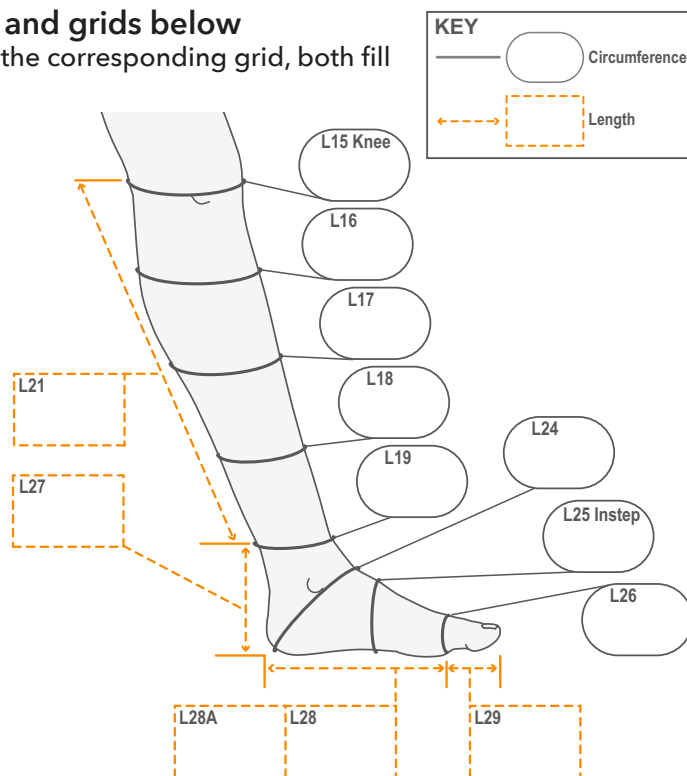
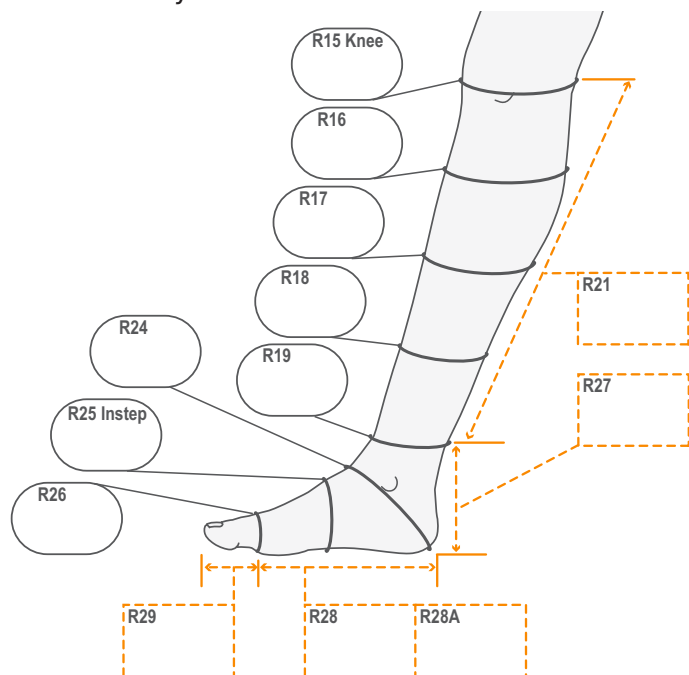
Back seam design

Socks 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.



Method A - For side seam designs with traditional tape measure

		Left (cm)	Right (cm)
15	Knee joint		
16	Upper calf		
17	Mid calf		
18	Lower calf		
19	Upper margin of medial malleolus		
24	Around foot and heel under malleolus		
25	Instep or waist of foot		
26	Foot at metatarsal heads		

Length Measurements	Left (cm)	Right (cm)
21	Medial malleolus to required top of sock	
27	Upper margin medial malleolus to sole of foot	
28a	Metatarsal heads to heel (medial)	
28	From metatarsal heads to heel on lateral border	
29	Metatarsal heads to tip of toes (medial)	

Please note:

When selecting the end of sock 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 - For back centre seam with paper tapes (no extra lengths required)

Half Leg (use GREEN paper tape for a half leg)

Left (cm)		Right (cm)
	Distal Pleat	
	Toe End	
	-7½	
	-6	
	-4½	
	-3	
	-1½	
	Heel 0	
	+1½	
	+3	
	+4½	
	+6	
	+7½	
	+9	
	+10½	
	+12	
	+13½	
	+15	
	Knee End	
	Proximal Pleat	

Sock closed toe only

	Left (cm)	Right (cm)
Foot length required		

Socks Order Form

Order No.: _____ Patient Reference No.: _____

All Other Style Options

Proximal elastic:	Left	Right
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"/>
Ankle contracture seam (at front of ankle for shaping only)	<input type="checkbox"/>	<input type="checkbox"/>

Modifications

All the following items will be an additional charge

Zippers - 1145 (tick if required)

Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric
Position (please select: Medial, Lateral or Posterior)	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		
Zipper placement	<input type="checkbox"/> Inside of fabric	<input type="checkbox"/> Outside of fabric
Position (please select: Medial, Lateral or Posterior)	Left	Right
	<input type="checkbox"/>	<input type="checkbox"/>
Length: _____ cm		

Reinforcements

Reinforced heel (for high wear area to reinforce)	1187	<input type="checkbox"/>	<input type="checkbox"/>
Non-slip silicone sole of foot	1188	<input type="checkbox"/>	<input type="checkbox"/>

Toes

Self enclosed toe in base fabric (no seams)	1159	<input type="checkbox"/>	<input type="checkbox"/>
Soft enclosed toe in lining fabric	1160	<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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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"/>