

# Guidelines for Upper Extremity/Torso order form

## Recording measurements

- **Please record your measurements using the outline drawing, measurement boxes or both**
- All measurements are recorded in metric. For example 12.4cm

## Vest/Bra Vest/Leotard/Sleeve/Sleeve with shoulder flap order form

- Please select your design and then record **only the required** measurements for each style of garment

## Vest/Bra vest

- Please select style according to assessment and take into consideration your patients **lifestyle, mobility and age**
- Fill in the extra measurement box for a **bra vest**
- Please note a bra vest with cotton cups is only available in flesh colour
- For other colours the cups will be fabricated in powernet fabric

## Fuller figure

- In order to obtain a good fit for the portly/obese patient or a child with protruding abdomen the vest may need to be lower at the front than the back
- Please consider this when taking your measurements and indicate this on your order form

## Leotard (one piece body suit)

- Please fill in the extra measurement box
- This design can be chosen in preference to a separate vest and pants
- This design is ideal for babies or for the active child as it can be more comfortable providing a continuous line of pressure with no gaps at the waist
- If a leotard with pants attached is required please use the lower extremity order form also

## Sleeve only

- Assess the length required and record only the required measurements
- Select style/options according to your assessment and tick the relevant boxes

## Sleeve with a shoulder flap attached

- For scar areas on the middle of the upper arm, where a full vest is not required
- Not appropriate for scarring into the axilla or scarring extending to the upper arm
- This style can be tied under the arm or across the body and around the waist
- **Measurements;** Please record the required arm measurements and the length diagonally from top of shoulder to waist or to the axilla and the waist or chest circumference

## Silicone textile insert or pad insert

- Please use the body outline tracing pad provided or reverse of pad to indicate any special requirements or to mark the area where you would like a silicone textile insert or a pad inserted
- Please mark clearly using a black pen
- Alternatively these can also be marked at the first fitting for accuracy if desired

Premium MTM Data Order Forms can also be downloaded from our website [www.jobskin.co.uk](http://www.jobskin.co.uk)

<b>Patient Name:</b>
<b>Date:</b>
<b>Product Name:</b>
<b>Quantity:</b>

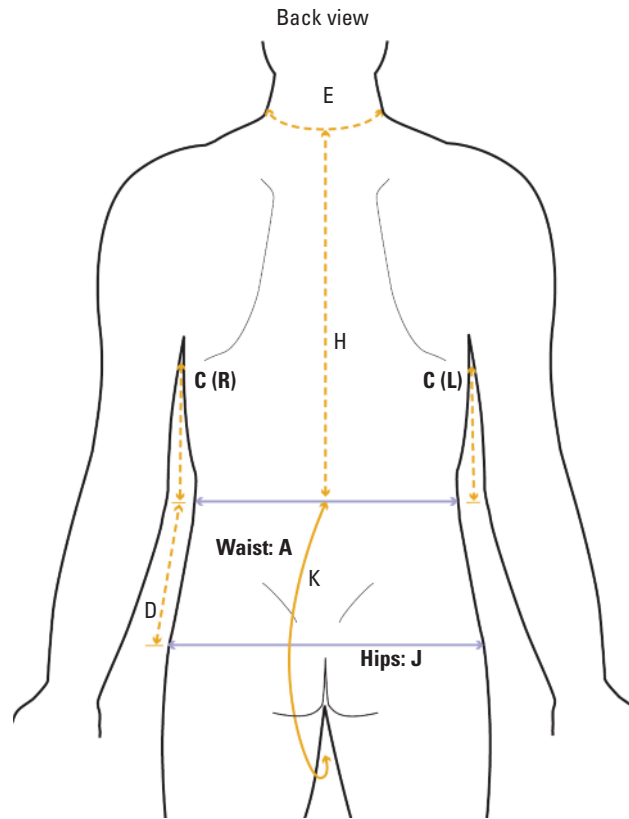
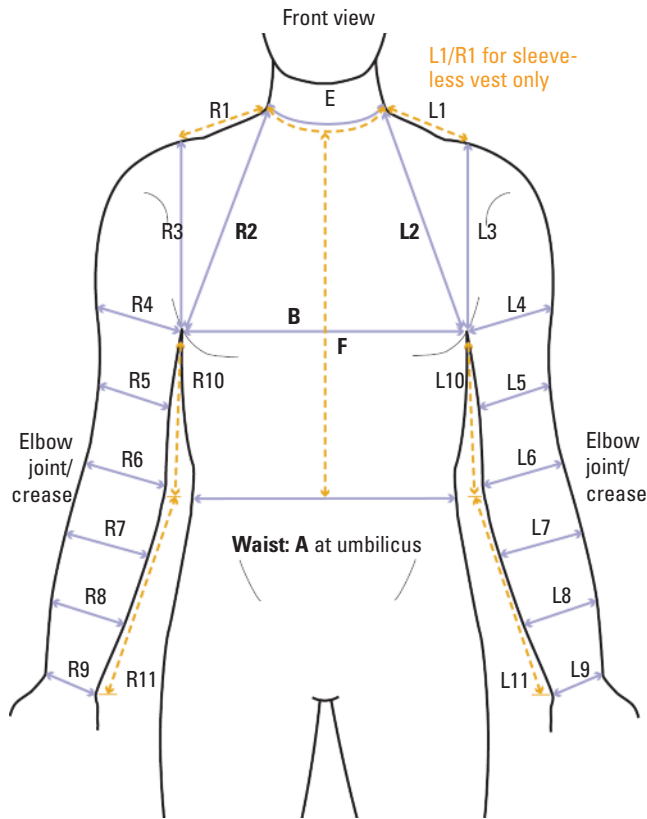


**New Lace Option:**  
Please tick box if you require the new lace trim on the garment

Jobskin

Classic

MTM Pressure Garment



Measurements	Left (cm)	Right (cm)
<b>A:</b> Waist (at umbilicus)		
<b>B:</b> Chest – at axilla level		
<b>C:</b> Into anterior axilla to waist (front view)		
<b>D:</b> Waist to hips or end of garment		
<b>E:</b> Neck below adams apple		
<b>F:</b> Required front neckline to waist		
<b>H:</b> Required back neckline to waist		
<b>J:</b> Hips		
<b>1:</b> Base of neck to acromion		
<b>2:</b> Base of neck round axilla and back		
<b>3:</b> Around shoulder joint over acromion		
<b>4:</b> Top of arm level with axilla		
<b>5:</b> Mid upper arm		
<b>6:</b> Elbow joint/crease-arm extended		
<b>7:</b> Upper forearm		
<b>8:</b> Lower forearm		
<b>9:</b> Wrist		
<b>10:</b> Into anterior axilla to elbow joint/crease		
<b>11:</b> Elbow joint/crease to wrist		

<b>Leotard design:</b> additional measurements and style options <i>please indicate</i>	
<b>D:</b> Finished length (waist to end garment):	
<b>K:</b> Front waist to back waist through crotch:	
Poppers fastening at crotch	
Velcro fastening at crotch	
<b>Bra vest:</b> for ladies bra vest <i>please indicate</i>	
Normal bra size:	
<b>M:</b> Waist to underbust length:	
Underbust circumference:	
Overbust circumference:	

**Garment PG12A Arm: Sleeve with shoulder flap**

Measurements	Left (cm)	Right (cm)
<b>1:</b> Base of neck to acromion		
<b>2:</b> Base of neck round axilla and back		
<b>B:</b> Chest – at axilla level		
<b>4:</b> Top of arm level with axilla		
<b>5:</b> Mid upper arm		
<b>6:</b> Elbow joint/crease-arm extended		
<b>7:</b> Upper forearm		
<b>8:</b> Lower forearm		
<b>9:</b> Wrist		
<b>10:</b> Into anterior axilla to elbow joint/crease		
<b>11:</b> Elbow joint/crease to wrist		

Style/options (tick if required)	L	R
No axilla insert		
No axilla insert - seam lined		
Axilla insert shape (please circle): regular - butterfly		
Additional lining to Insert shape		
Insert shape in interim fabric (not powernet)		
Lining inner elbow		
Sleeve elastic (please circle): regular - cuff - overlock		
Arm sleeve only proximal elastic: non slip		
Zipper location (please circle): front - back		
Stand up collar (give height):		
Nappy strap: provide measurement K length:		
Velcro tabs to attach to pants (please circle): YES		

**PG55: Vest with straps (no arms)**  
**Please take measurements A, B, C, D, and J only**  
Length of straps (please state length/cm):

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PG 31 chin strap  
 PG 34 wide chin strap



PG 32 full mask



PG 33 open face mask



PG 13 glove to wrist

L  R



PG 16 gauntlet to wrist

L  R



PG 14 glove to elbow  
 L  R



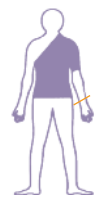
PG 17 gauntlet above wrist  
 L  R



PG 10 single arm  
 L  R



PG 55 vest with straps



PG 56 vest one arm long or short sleeve



PG 57 panty chest height short leg  
 PG 58 panty long leg



PG 52 sternal vest



PG 1 vest no sleeves  
 PG 2 vest short long sleeves  
 Bra cups in Vest



PG 3 leotard no sleeves



PG 4 leotard short/long sleeves



PG 5 Single Elastic trunk belt  
 PG Double Elastic trunk belt



PG 12A arm sleeve shoulder flap  
 L  R



PG 59 French Knicker



PG 60 Pregnancy Panty



PG 20 open/closed toe sock  
 PG 25 leg sleeve any length  
 L  R



PG 21 below knee stocking  
 PG 22 thigh length stocking  
 L  R



PG 23 panty short leg  
 PG 24 panty long leg



PG 26 single leg with waist attachment  
 L  R



PG 27 single leg hip style  
 L  R

# Pressure Garments

## Made to Measure Order Forms

### Patient details

Surname:
First name:
Please indicate: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth:
Diagnosis:

### Customer details

Date:
Hospital and address:
Your Order No:
Therapist name:
Direct contact No:

**Powernet fabric:** White  Beige  Bronze  Pastel Pink  Pastel Blue  Purple  Black

Red  Royal Blue  Camouflage

**Polycotton fabric:** White  Beige  Pastel Pink  Purple  Navy Blue  Black

**Thread colour:** White  Beige  Bronze  Pastel Blue  Pastel Pink  Mint Green

Royal Blue  Denim Blue  Green  Red  Purple  Black  Bright Pink

**Motif number:** \_\_\_\_\_

**Delivery address:** \_\_\_\_\_

**Post code:** \_\_\_\_\_

**For express delivery, please contact customer service. Date appointed for \_\_/\_\_/20\_\_**

**When completed, please fax back the relevant pages (including this cover page) to 0115 973 3902**