

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

Patient Name:
Date:
Product Name:
Quantity:

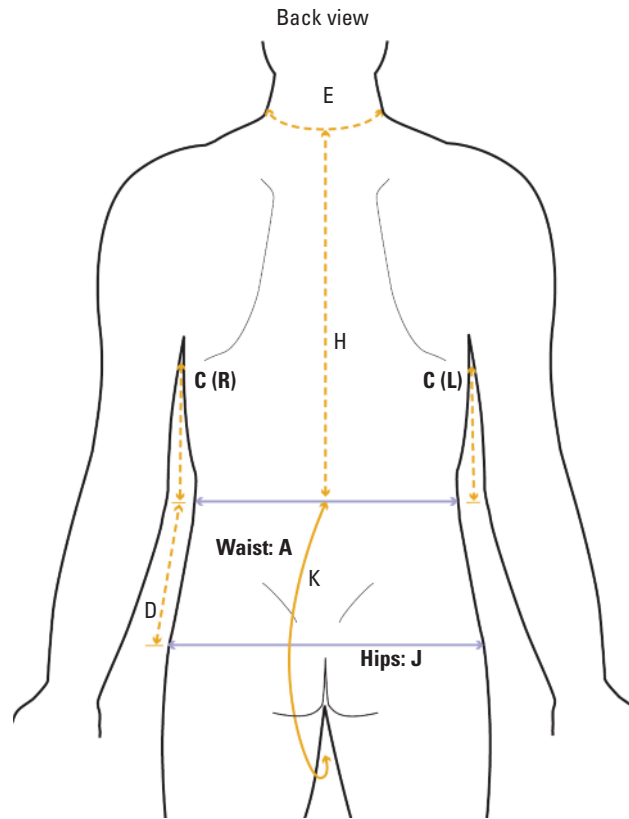
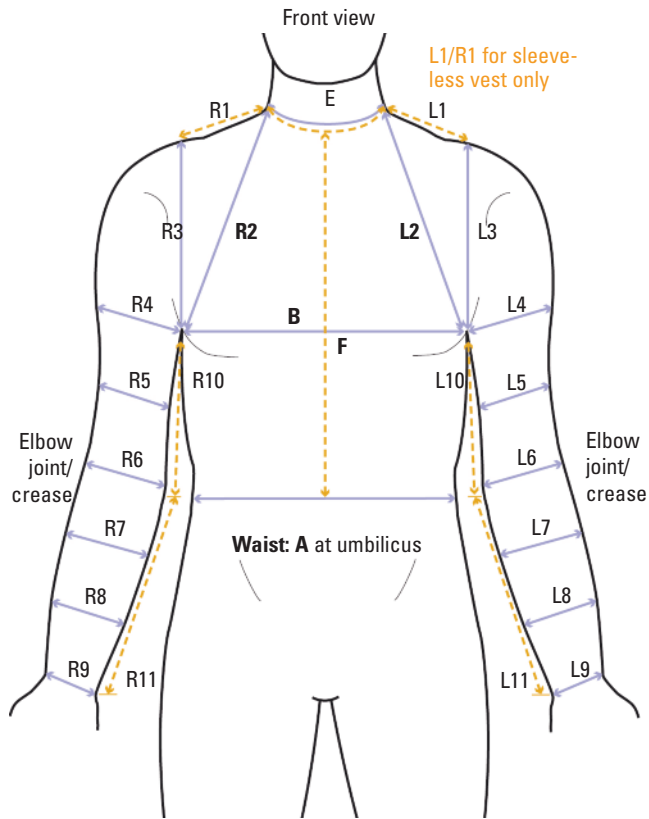


New Lace Option:
Please tick box if you require the new lace trim on the garment

Jobskin

Classic

MTM Pressure Garment



Measurements	Left (cm)	Right (cm)
A: Waist (at umbilicus)		
B: Chest – at axilla level		
C: Into anterior axilla to waist (front view)		
D: Waist to hips or end of garment		
E: Neck below adams apple		
F: Required front neckline to waist		
H: Required back neckline to waist		
J: Hips		
1: Base of neck to acromion		
2: Base of neck round axilla and back		
3: Around shoulder joint over acromion		
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		
10: Into anterior axilla to elbow joint/crease		
11: Elbow joint/crease to wrist		

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

Garment PG12A Arm: Sleeve with shoulder flap

Measurements	Left (cm)	Right (cm)
1: Base of neck to acromion		
2: Base of neck round axilla and back		
B: Chest – at axilla level		
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		
10: Into anterior axilla to elbow joint/crease		
11: 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