

## Premium™ MTM Pressure Garments: Lower Extremity Order Form - 506

For more information, please contact our Customer Service Team at:

**Jobskin Ltd Ireland:** Unit F1 Innovation Works 1, Tipperary Technology Park, Thurles, Co. Tipperary, E41 AX80, Ireland  
t: +353 (0) 504 90100 | f: +353 (0) 504 22735 | e: [ireorders@jobskin.ie](mailto:ireorders@jobskin.ie)

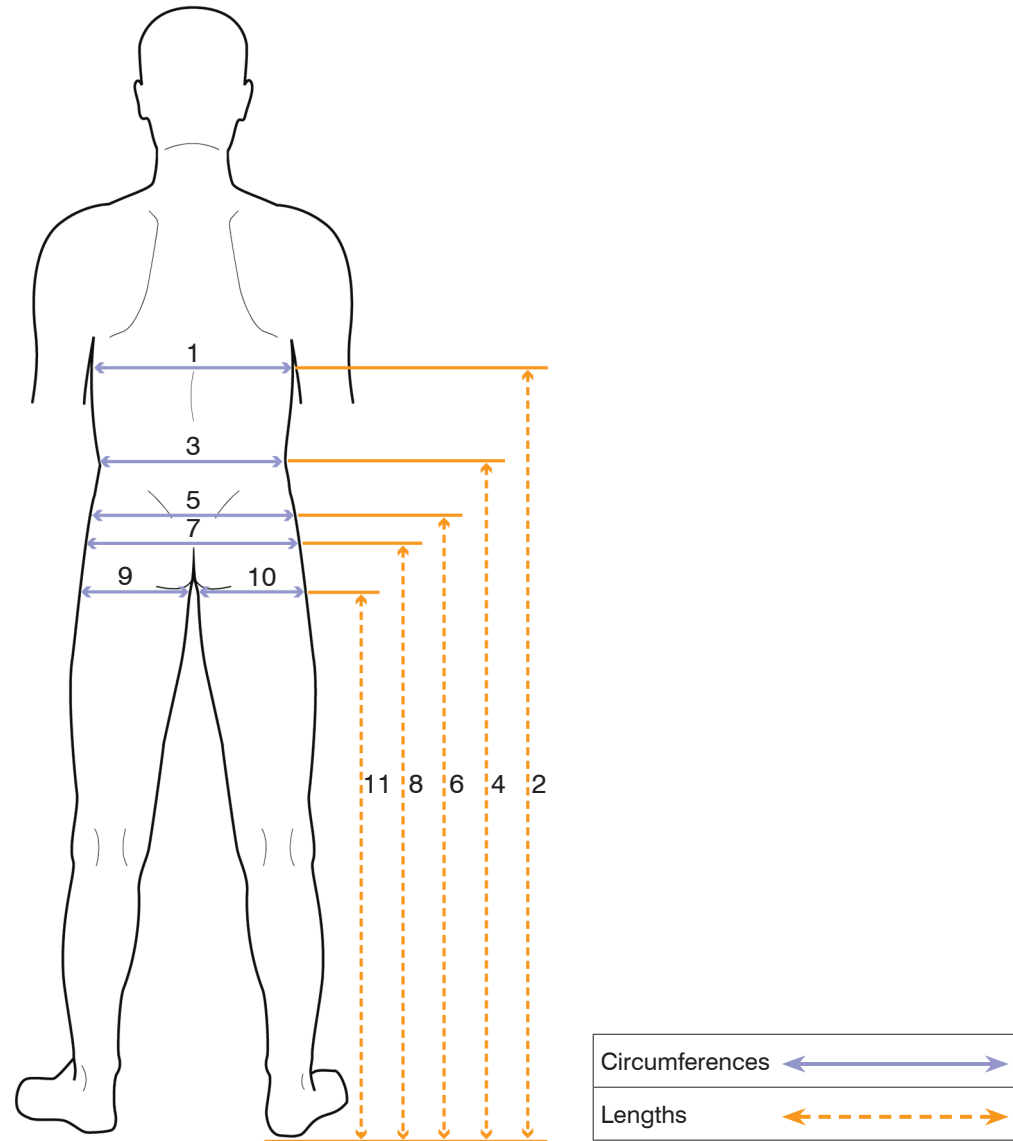
**UK Customers please contact:** t: 0870 240 3963 | f: 0870 240 3964 | e: [ireorders@jobskin.ie](mailto:ireorders@jobskin.ie)

**Website:** [www.jobskin.co.uk](http://www.jobskin.co.uk)

**Jobskin®**  
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Designed in Ireland &  
Manufactured in the UK



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



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**Patient Details** (Please complete Patient Reference No. OR Name)

Patient Reference No.:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date: \_\_\_\_\_ Jobskin File No.: \_\_\_\_\_

DOB (must be completed): \_\_\_\_\_  Male  Female

Please indicate:  New Patient  Existing Patient

Diagnosis: \_\_\_\_\_ (must be completed)

Quantity: \_\_\_\_\_ Product Code: \_\_\_\_\_

**Personalisation Choices** (Please indicate using code or name)

Plain fabric colour \_\_\_\_\_

Thread colour \_\_\_\_\_

Printed fabric \_\_\_\_\_

Transfer/Motif \_\_\_\_\_

Binding \_\_\_\_\_

Printed zipper \_\_\_\_\_

Lace (please tick) \_\_\_\_\_

Zipper Location (Please tick location)	Left (cm)	Right (cm)
<input type="checkbox"/> Lateral aspect (standard)		
<input type="checkbox"/> Medial aspect		

Measure	Left (cm)	Right (cm)
Foot length (required for closed toe)		

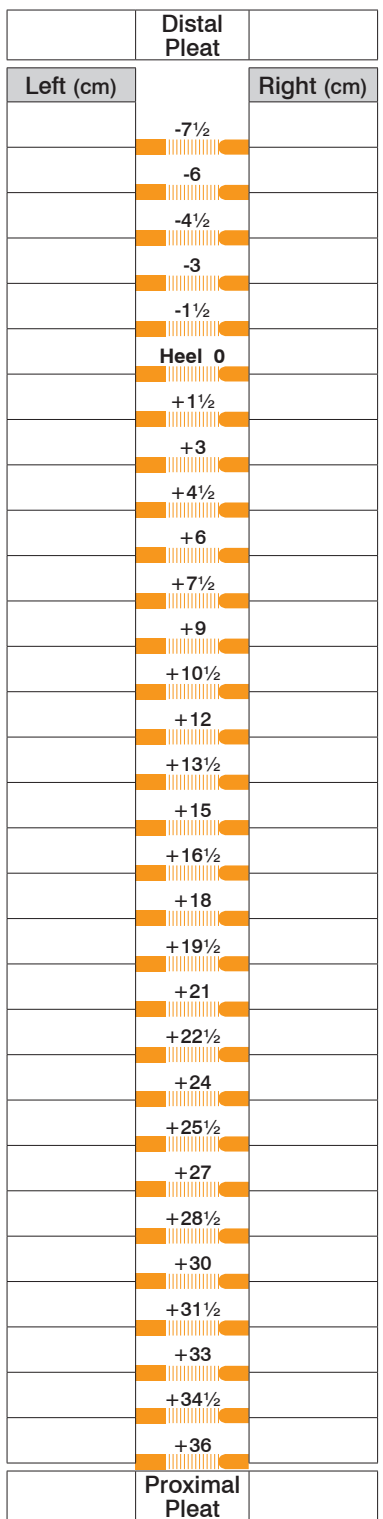
**Design Choices - Fly Opening** (Please tick)

Horizontal (more pressure option)

Diagonal (less pressure option)

**Specific Instructions/Comments**

\_\_\_\_\_



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Please fax or email the relevant measure form to:  
 Jobskin Ltd Ireland: Fax: +353 (0) 504 22735 | Email: ireorders@jobskin.ie  
 UK Customers: Fax: 0870 240 3964 | Email: ireorders@jobskin.ie

Torso Body Measurements	Circumferences (cm)	Lengths (cm)
Desired top of support	1:	2:
Waist	3:	4:
Top of buttocks	5:	6:
Largest part of buttocks	7:	8:
Proximal thigh left (at fold of buttocks)	9:	
Proximal thigh right (at fold of buttocks)	10:	
To fold of buttocks		11:

Modifications/Design Choices (Tick if required)	Product Code	Left	Right
Double thickness waistband	0012		
Extra heel reinforcements	0020		
Reinforced top waist height	0024		
Pocket for padding	0027		
Lining behind the knee	0040		
Self enclosed toe	1159		
Soft enclosed toe	1160		
Reduced pressure abdominal panel	1161		
Attached suspenders (braces)	1162		
Velcro tabs (set of 4 for vest attachments)	1163		
Short zipper (<20cm) (indicate position)	1164		
Long zipper (>20cm) (indicate position)	1165		
Double abdominal panel	1175		
Uplift panel	1176		
Reinforced top of thigh	1184		
Reinforced inner thigh and perineum	1185		
Reinforced knee	1186		
Reinforced heel	1187		