

Shorts and Pants Order Form

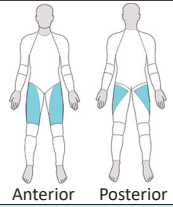
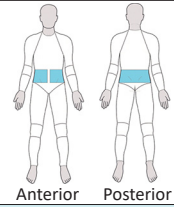
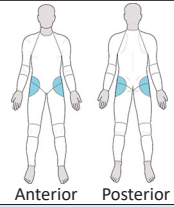
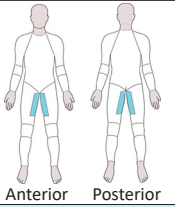
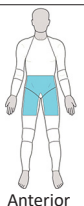

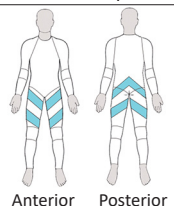
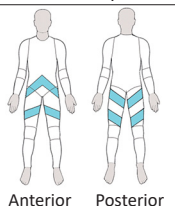
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t: +44 (0) 115 973 4300 | f: +44 (0) 115 973 3902 | e: orders@jobskin.co.uk | w: www.jobskin.co.uk

Please indicate specific garment by selecting the relevant tick box.

| Type of SDO Required | Product No. | Quantity |
|--|-------------|----------|
| Pants Long Leg: <input type="checkbox"/> Open Crotch <input type="checkbox"/> Closed Crotch | PCP15 | |
| Pants Short Leg: <input type="checkbox"/> Open Crotch <input type="checkbox"/> Closed Crotch | PCP15A | |
| High Waisted Pants with Shoulder Straps | PCP29 | |
| Measuring session fee | PCP20 | |

Reinforcement Panels for Shorts and Pants (Please select panel and tick box)

| Standard Panels | Lumbar Panels | Hip Panels | Medial Upper Leg Panels |
|---|--|--|---|
| SP <small>(Std Panels included with Garment)</small> To assist hip external rotation | <input type="checkbox"/> LP To assist postural control | <input type="checkbox"/> HP To assist hip control and external rotation | <input type="checkbox"/> ULM To assist adduction and internal rotation |
|  <p>Anterior Posterior</p> |  <p>Anterior Posterior</p> |  <p>Anterior Posterior</p> |  <p>Anterior Posterior</p> |
| Anterior Pelvic Panels | Posterior Pelvic Panels | External Rotation Panels | Internal Rotation Panels |
| <input type="checkbox"/> APP To resist posterior tilt | <input type="checkbox"/> PPP To resist anterior tilt and encourage hip extension | <input type="checkbox"/> ERP To assist external rotation at the hips | <input type="checkbox"/> IRP To assist internal rotation at the hips |
|  <p>Anterior</p> |  <p>Posterior</p> |  <p>Anterior Posterior</p> |  <p>Anterior Posterior</p> |

Please note: If you require any additional or bespoke panels to the above, please include in "Any other information" below, or attach separately. Please also see Panel Poster for a complete list of available panels on "Download" tab on www.jobskin.co.uk

Any other information, if required attach separately.

Delivery Address

Post code:

Patient Details
(Please complete Patient Ref. No. OR Name)

PATIENT REFERENCE NO.:

FIRST NAME:

SURNAME:

Date of Birth:

Please indicate: Male Female

New Patient Existing Patient

Diagnosis *(must be completed):*

Date:

Hospital/Clinic:

Purchasers Details

Address:

Post Code:

Consultant:

Name:

Measured by: OT PT Orthotist Jobskin

Hospital Order No.:

Contact Phone No.:

Personalisation Choices (Please indicate using code or name)

Fabric Colour:

Reinforcement Panel Colour:

Thread Colour:

Motif:

Binding:

Printed Zipper:

Wears AFO's: Yes No

Silicone Edging: Yes No

Zips for Pants:

Crotch: Short Leg only

Inside Leg: Short Leg only

Outside Leg: Short Leg only

Side Seam: Waist to Hip
 Hip to end of Leg

First SDO: Yes No

| Fabric Colour | | |
|---------------|-----------|-------|
| White | Beige | Black |
| Pastel Pink | Navy Blue | |

| Reinforcement Panel Colour | | |
|----------------------------|----------|------------|
| White | Beige | Black |
| Pastel Pink | Red | Bronze |
| Pastel Blue | Purple | Pink |
| Royal Blue | | |
| Floral | Paisley | Camouflage |
| Marvel | Bull Dog | Unicorn |

| Thread Colour | | |
|---------------|--------|--------|
| White | Beige | Black |
| Pastel Pink | Red | Bronze |
| Pastel Blue | Purple | Pink |
| Royal Blue | Yellow | Orange |
| Bright Pink | Navy | Denim |
| Mint Green | Green | Blue |

When completed, please fax or email back to Jobskin - Fax: 0115 973 3902 | Email: orders@jobskin.co.uk

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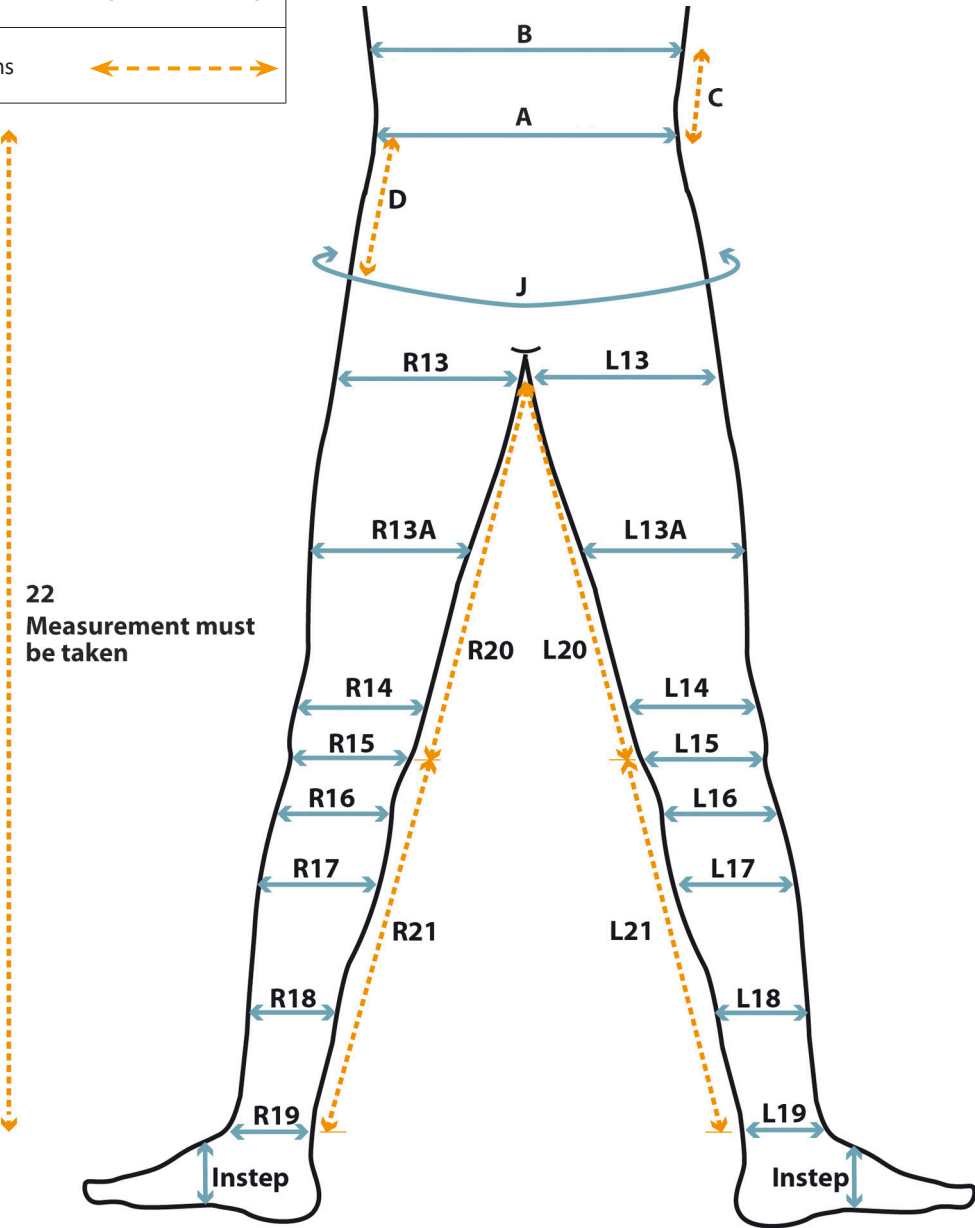
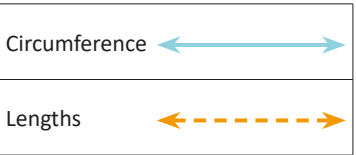
(PLEASE COMPLETE PATIENT REFERENCE NO. OR NAME)

PATIENT REFERENCE NO.:

FIRST NAME: SURNAME:

Date of Assessment:

Please make sure when measuring for a SDO garment that the patient is measured lying down, supine and in the best position of alignment.



| Measurements for Shorts and Pants - Circumference | | Left (cm) | Right (cm) |
|---|---|-----------|------------|
| A | Level with umbilicus 1cm less than "at rest" circumference. | | |
| J | Level with Anterior Superior Iliac Spine (ASIS). | | |
| 13 | Leg level with the groin and gluteal fold. | | |
| 13A | Mid-thigh level with muscle bulk 5mm less than "at rest" circumference. | | |
| 14 | Above knee at suprapatellar margin or where shorts end. | | |
| 15 | Level with knee joint (in line with mid patella). | | |
| 16 | Below knee at upper margin of tibial tuberosity. | | |
| 17 | Level with bulk of calf 5mm less than "at rest" circumference. | | |
| 18 | Level with mid-lower leg, at point of musculotendinous junction. | | |
| 19 | Level with upper margin of medial malleolus. | | |
| Instep | Around instep or waist of the foot (only if stirrup required). | | |

| Measurements for Shorts and Pants - Lengths | | Left (cm) | Right (cm) |
|---|--|-----------|------------|
| D | Point level with umbilicus to Anterior Superior Iliac Spine (ASIS). | | |
| 20 | Inside leg groin to knee or end of SDO. | | |
| 21 | Knee joint in line with mid-patella to upper margin of medial malleolus - measured on medial border. | | |
| 22 | Point level with umbilicus on anterior surface to knee or end of shorts or long leg pants. | | |

| Extra Measurements for High Waisted Shorts/Pants - Circumference | | Left (cm) | Right (cm) |
|--|-------------------------|-----------|------------|
| B | Top of shorts or pants. | | |

| Extra Measurements for High Waisted Shorts/Pants - Lengths | | Left (cm) | Right (cm) |
|--|----------------------------|-----------|------------|
| C | Top of shorts to waist (A) | | |