


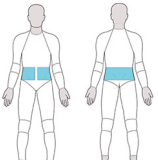
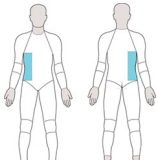
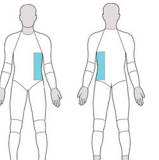



Vest and Leotard Order Form

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Please indicate specific garment by selecting the relevant tick box.

Type of SDO Required	Product No.	Quantity
<input type="checkbox"/> Vest <input type="checkbox"/> Leotard, no Sleeves	PCP01	
<input type="checkbox"/> Vest <input type="checkbox"/> Leotard, <input type="checkbox"/> Short Sleeves <input type="checkbox"/> Long Sleeves	PCP02	
Velcro tabs to attach to pants <input type="checkbox"/> Yes <input type="checkbox"/> No		
Measuring session fee	PCP20	

Reinforcement Panels for Vest and Leotard (Please select panel and tick box)			
Standard Panels	Lumbar Panels	Lateral Trunk Panels	Lateral Trunk Panels
SP (Std Panels included with Garment) To assist back extension	<input type="checkbox"/> LP To assist postural control	<input type="checkbox"/> TPL To correct left lateral flexion	<input type="checkbox"/> TPR To correct right lateral flexion
 Posterior	 Anterior Posterior	 Anterior Posterior	 Anterior Posterior
Chest Panels <input type="checkbox"/> CP1 To assist protraction of the scapulae	Cross Panels <input type="checkbox"/> CP2 To assist retraction of the scapulae and back extension	Posterior Back Panels <input type="checkbox"/> BP To resist kyphosis	
 Anterior	 Posterior	 Posterior	

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:

Silicone Edging: Yes No

Gastrostomy site: Yes No
If required, please mark position at first fitting only.

Hole required: Yes No
If required, please mark position at first fitting only.

Zips for Vest / Leotard:

Front: Closed Open
 Upside down No Zip

Back: Closed Open
 Upside down No Zip

Sleeves: Full length Back Ulnar side
 Mid forearm

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

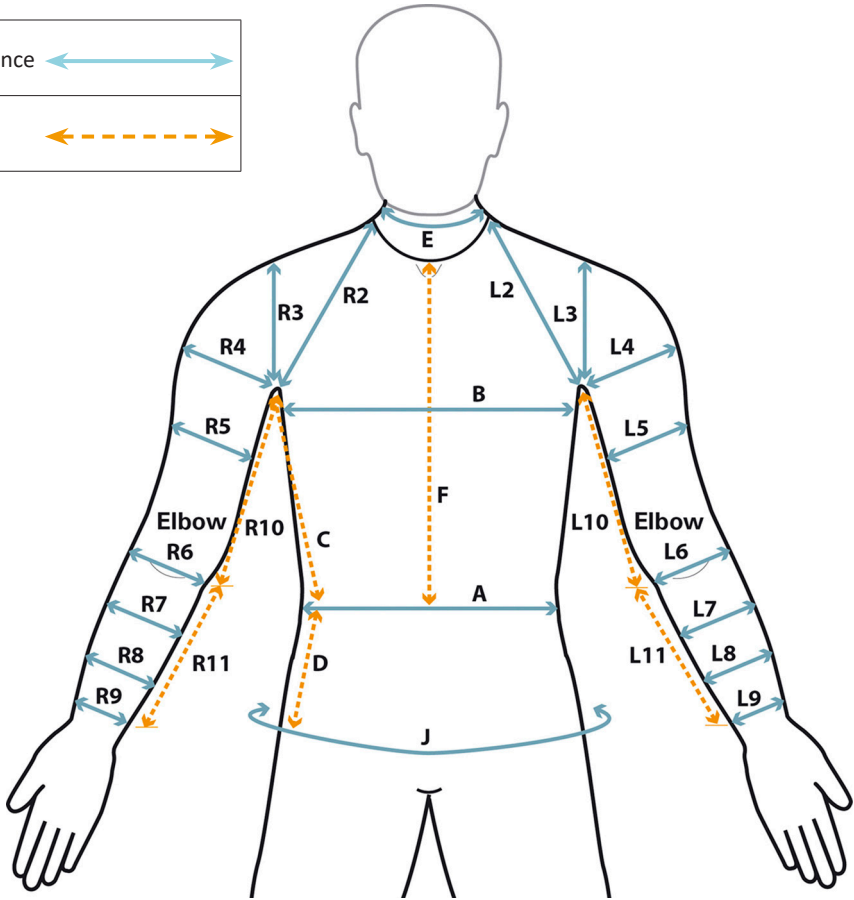
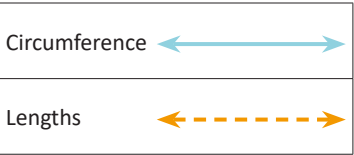
Vest and Leotard Order Form

(PLEASE COMPLETE PATIENT REFERENCE NO. OR NAME)

PATIENT REFERENCE NO.:

FIRST NAME: SURNAME:

Date of Assessment:

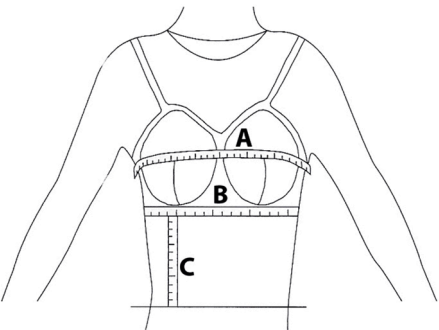


Please make sure when measuring for a SDO garment that the patient is measured lying down, supine and in the best position of alignment.

Measurement for Vest and Leotard - Circumference		Left (cm)	Right (cm)
A	Level with umbilicus 1cm less than "at rest" circumference.		
B	Level with chest in line with the axillary crease.		
E	Base of the neck.		
J	Level with Anterior Superior Iliac Spine (ASIS).		
2	Shoulder joint from base of the neck (at point where neck meets shoulder below ear lobe), under the axilla and back to the same point. (Scapula set against the chest wall and the arm by the side of the body). One should be able to slide 1 finger under the tape measure at the front of the axilla.		
3	Shoulder joint acromion process under the axilla and back to the same point. (Scapula set against the chest wall and the arm by the side of the body). One should be able to slide 1 finger under the tape measure at the front of the axilla.		
4	Upper arm level with axilla. Arm should be by the side.		
5	Mid upper arm level with muscle bulk of biceps, reduce "at rest" measurement by 5mm.		
6	Elbow joint with arm extended or end of sleeve.		
7	Forearm level where muscle bulk is greatest, reduce "at rest" measurement by 5mm.		
8	Forearm at musculotendinous junction (approximately 1/3 of forearm up from the wrist).		
9	Wrist level with wrist crease or at point where sleeve ends.		

Measurement for Vest and Leotard - Lengths		Left (cm)	Right (cm)
C	Point level with axillary crease measure down side to a point level with umbilicus.		
D	Point level with umbilicus to Anterior Superior Iliac Spine (ASIS) on anterior surface.		
F	2cm below sternal notch to umbilicus on the anterior surface of the chest with the ribs held in best position of alignment. This measurement dictates the scoop of the neck.		
10	Axilla to cubital crease on the medial border or to end of short sleeve.		
11	Point level with the cubital crease to wrist crease or end of long sleeve along ulnar border of forearm.		

Additional information for measuring for a Bra Vest



Normal Bra size		
Measurements for Bra		cm
A	Overbust circumference.	
B	Underbust circumference.	
C	Length from waist to underbust.	

Extra measurements - Lengths	Left (cm)	Right (cm)
Crotch: Waist to waist through legs for leotard only.		
Crotch Fastening Options: <input type="checkbox"/> Poppers <input type="checkbox"/> Velcro <input type="checkbox"/> Zip		
Shoulder: Base of neck to acromion process or required width (only for Vest and Leotard with no sleeves)		