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## LSS/Abdominal Order Form

Patient details
Surname:
First name:
Date of birth: __ / __ / ____ Age:
Date: __ / __ / 20__
Please indicate: Male Female
Hospital/Clinic

Style
<input type="checkbox"/> Lumbar Sacral <input type="checkbox"/> Abdominal <i>Please tick style required</i>
Material
<input type="checkbox"/> White Coutil <input type="checkbox"/> Beige Coutil <input type="checkbox"/> White Brocade <input type="checkbox"/> Natural Canvas <input type="checkbox"/> White Powernet <input type="checkbox"/> Double Layer
Lining
<input type="checkbox"/> Cotton <input type="checkbox"/> Plush
Rigid Steels
<input type="checkbox"/> 0 <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> Rectangular Frame
Fulcrum
<input type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> None
Elastic
<input type="checkbox"/> Top Dart <input type="checkbox"/> Bottom Dart <input type="checkbox"/> Full Depth <input type="checkbox"/> None
Fastening
<input type="checkbox"/> Velcro <input type="checkbox"/> Sliding Buckle <input type="checkbox"/> Lace <input type="checkbox"/> Zip <input type="checkbox"/> Hook/Eye <input type="checkbox"/> Clip-on
Opening
<input type="checkbox"/> Right Side <input type="checkbox"/> Left Side <input type="checkbox"/> Centre Front <input type="checkbox"/> Shoulder straps/spinal <input type="checkbox"/> Shoulder Straps/Web
Padding
<input type="checkbox"/> Hernia <input type="checkbox"/> Bottle Lumbar <input type="checkbox"/> Full Length Back Pad <input type="checkbox"/> Fat Restraining in Cotton Wool
Aperture
<input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, mark position at fitting)
Spiral Bones Throughout
<input type="checkbox"/> Yes <input type="checkbox"/> No
Suspenders
<input type="checkbox"/> Yes <input type="checkbox"/> No <i>P/Straps:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Under Belt
<input type="checkbox"/> Yes <input type="checkbox"/> No Fastening:
Rough Fit
<input type="checkbox"/> Yes <input type="checkbox"/> No

Purchasers details
Address :
Post code:
Consultant:
Name:
Measured by: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Orthotist <input type="checkbox"/> Jobskin
Hospital order number:
Contact phone number:

Measurements	(cm)
A: Anterior Depth: Above Waist	
B: Posterior Depth: Above Waist	
C: Anterior Depth: Waist to Pubis	
D: Posterior Depth: Waist to Apex Gluteus Maximus	
E: Posterior Depth: Skirt	
F: Top of LSS Circumference	
G: Waist Circumference - in line with umbilicus	
H: Abdominal Circumference - in line with ASIS	
I: Hip Circumference - in line with trochanter	
J: Bottom Circumference - pubis to bottom of skirt	

