SDO® Original
Sensory Dynamic Orthosis

Medigarments Ltd®
DESIGNED AROUND YOU

PCP30 & PCP72
Sleep Suit or Sleep Shorts Order Form

All fields are required in order to process your order

Order Details

Date: _____ Date Required: _____
Order No.: _____
Contact Name: _____
Contact Phone No.: _____
Email: _____
Hospital/Clinic: _____
Delivery Address: _____

_____

_____

_____ Post Code: _____

Patient Details

Patient Reference No.: _____
Is this their first SDO®? ☐ No ☐ Yes
First Name: _____
Surname: _____
Date of Birth: _____
Diagnosis: _____

_____

Contact me about my order via: ☐ Email ☐ Phone
Attached with order: ☐ Images ☐ Consent form*

*(Signed consent form must be supplied when providing patient images)

Clinician Number:

Specifications

Garment: ☐ Sleep Suit ☐ Sleep Shorts

Silicone Edging: ☐ No ☐ Yes

Gastrostomy site: ☐ No ☐ Yes (Please mark position at first fitting only, if a gastro opening is required, the garment will be supplied without front zip)

Soft Binding: ☐ Yes (Soft binding will be applied to neck and crotch only, in complementing colour or theme if selected)

Themes

☐ 1 Spaceman	☐ 2 Astronaut	☐ 3 Footballer	☐ 4 Striker	☐ 5 Goalie	☐ 6 Noir
☐ 7 Silver Aztec	☐ 8 Pink Aztec	☐ 9 Leopard Flower	☐ 10 Lavender	☐ 11 Daisy	☐ 12 Ultraviolet
☐ 13 Mermaid	☐ 14 Starlight	☐ 15 Marshmallow	☐ 16 Tribal	☐ 17 Blue Frenchie	☐ 18 Fawn Frenchie
☐ 19 Cadet	☐ 20 Lance Corporal	☐ 21 Pilot Officer	☐ 22 Admiral	☐ 23 Major	☐ 24 General

Please select one of the themes above, your garment will be manufactured according to the theme selected. Alternatively, select a plain coloured garment below. Without either a theme or plain garment selection, we cannot proceed with your order.

Plain Coloured Garments (Base fabric, panels, binding and thread are all the same colour)

☐ White ☐ Beige ☐ Pink ☐ Black ☐ Navy Blue/Black*

*Navy base fabric, black panels, binding & thread

When completed, please click: orders@jobskin.co.uk to email your electronic order form

Please download your electronic forms directly from our website – www.jobskin.co.uk/file-download

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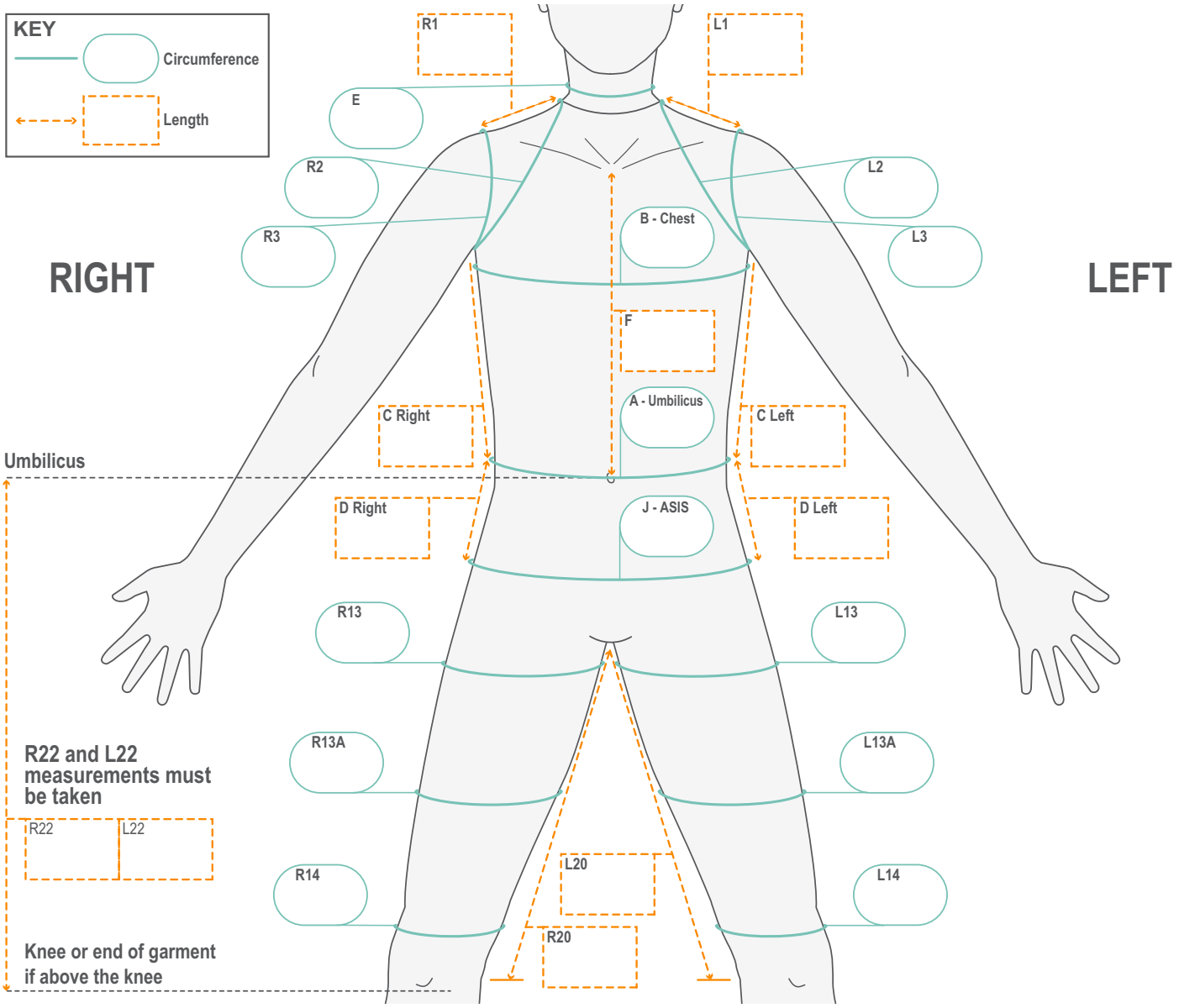
Order No.: _____ **Patient Reference No.:** _____



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

Circumference Measurements (C)

			Left (cm)	Right (cm)
A	C	Level with umbilicus, 10mm less than 'at rest' circumference		
B	C	Level with chest in line with the axillary crease		
E	C	Base of the neck		
J	C	Level with Anterior Superior Iliac Spine (ASIS)		
2	C	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 a finger under the tape measure at the front of the axilla		
3	C	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 a finger under the tape measure at the front of the axilla		
13	C	Leg level with the groin and gluteal fold		
13A	C	Mid-thigh level with muscle bulk, 5mm less than 'at rest' circumference		
14	C	Above knee at suprapatellar margin or end of shorts		

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Length Measurements (L)

			Left (cm)	Right (cm)
C	L	Point level with axillary crease measure down side to a point level with umbilicus		
D	L	Point level with umbilicus to Anterior Superior Iliac Spine (ASIS) on anterior surface		
F	L	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 at the front		
20	L	Inside leg groin to knee or end of SDO®		
22*	L	Point level with umbilicus on anterior surface to knee or end of garment if above knee		

***Note: Measurements R22 and L22 must be taken. Without this, we are unable to process your order**

Length Measurement for Sleep Suits (L)

			Left (cm)	Right (cm)
1	L	Acromion to base of neck or width required for Sleep Suit		

NOTE: For Sleep Shorts - measurements E, 1, 2 & 3 are not required

Reinforcement Panels (Please specify)

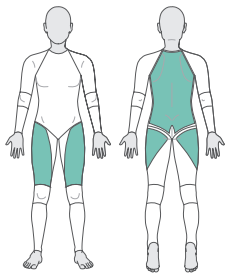
Standard Panels

To assist hip external rotation and back extension

SP

Std panels included with Suits.

Type NO if no panels are required _____



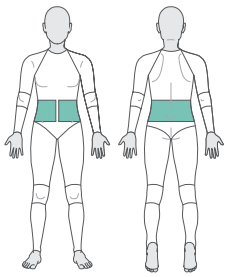
Anterior Posterior

Lumbar Panels

To assist postural control

☐ **LP**

Extend to _____cms above umbilicus



Anterior Posterior

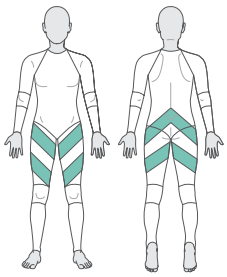
External Rotation Panels

To assist external rotation at the hips

☐ **ERP**

If hips windswept, please indicate which side:

☐ **L** ☐ **R**



Anterior Posterior

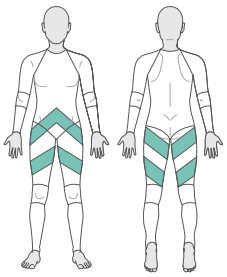
Internal Rotation Panels

To assist internal rotation at the hips

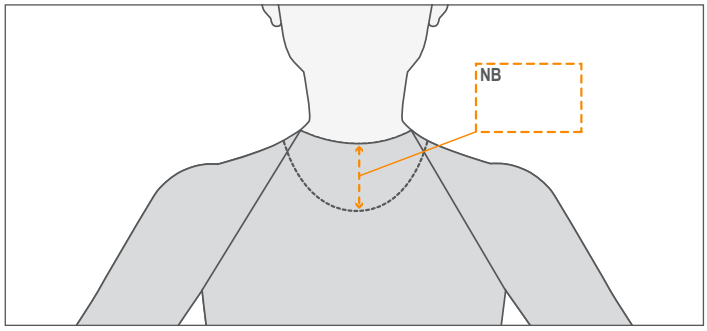
☐ **IRP**

If hips windswept, please indicate which side:

☐ **L** ☐ **R**



Anterior Posterior



Back Scoop Neckline Options (cm)

NB	L	Neckline scoop length at back	

For neckline scoop at front, see F measurement

Style Options

☐ V Neck ☐ Round Neck

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