SDO® Original
Sensory Dynamic Orthosis

Medigarments Ltd®
DESIGNED AROUND YOU

PCP01, PCP02 & PCP03
Vest and Leotard 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: ☐ Vest ☐ Leotard

Sleeves: ☐ No sleeves ☐ Short sleeves ☐ Long sleeves

Crotch: (Leotard only) ☐ Poppers ☐ Velcro ☐ Standard Fit ☐ Higher (see drawing on page 5)

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)

Silicone Edging: ☐ No ☐ Yes

Velcro tabs: ☐ No ☐ Yes (To attach to leggings)

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

Zip Position (please specify)

Front: ☐ No zip ☐ Closed ☐ Open ☐ Upside down ☐ Reflux / Abdominal Zip

Back: ☐ No zip ☐ Closed ☐ Open ☐ Upside down

Sleeves: ☐ No zip ☐ Full length ☐ Back ☐ Mid forearm

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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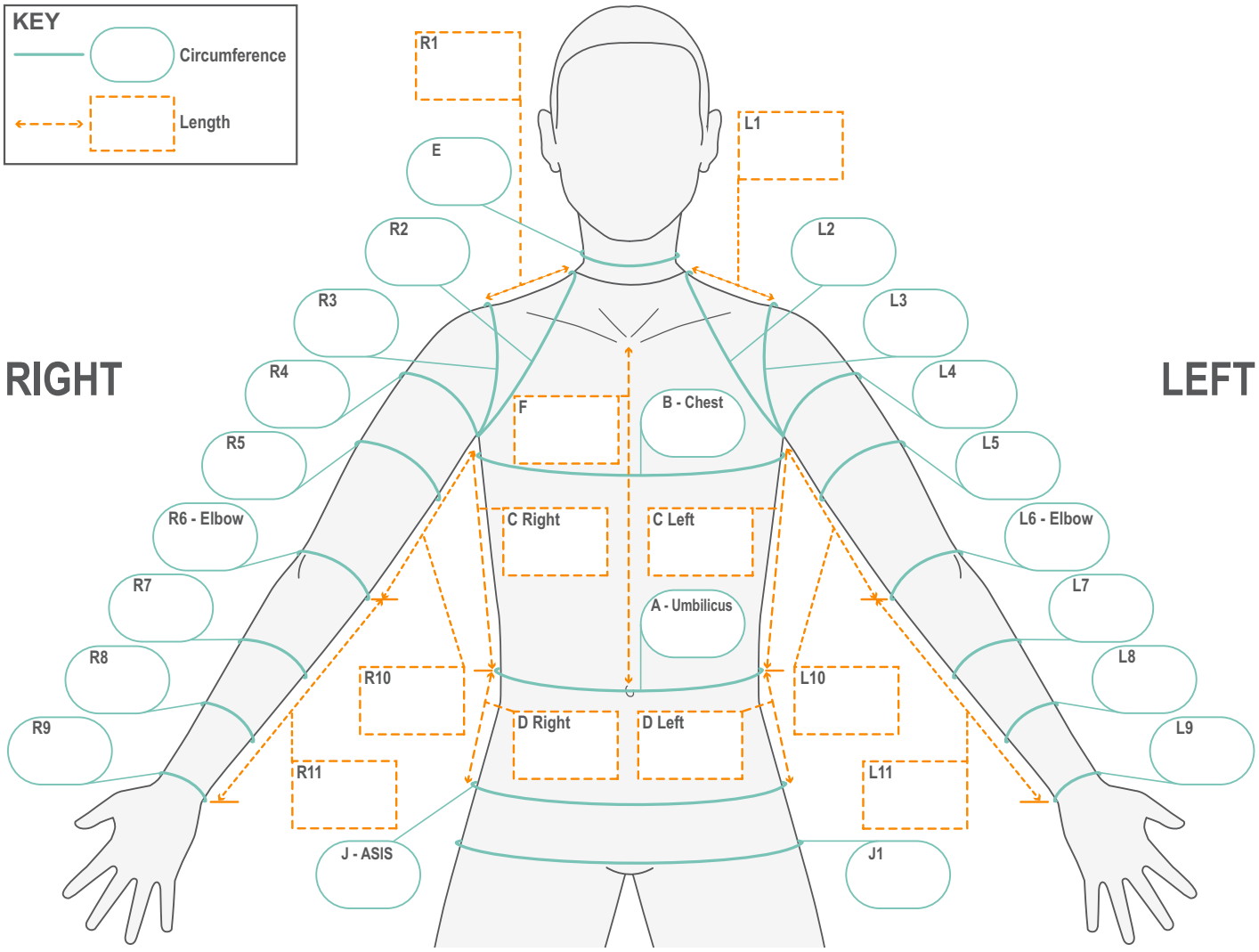
Order No.: _____ Patient Reference No.: _____



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) or end of garment		
J1	C	Level with widest part of buttocks		
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		
4	C	Upper arm level with axilla. Arm should be by the side		
5	C	Mid upper arm level with muscle bulk of biceps, 5mm less than 'at rest' circumference		
6	C	Elbow joint with arm extended or end of sleeve		
7	C	Forearm level where muscle bulk is greatest, 5mm less than 'at rest' circumference		
8	C	Forearm at musculotendinous junction (approximately 1/3 of forearm up from the wrist)		
9	C	Wrist level with wrist crease or end of sleeves		

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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	Waist to hips or end of garment		
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		
10	L	Axilla to cubital crease on the medial border or to end of short sleeve		
11	L	Point level with the cubital crease to wrist crease or end of long sleeve along ulnar border of forearm		

Additional Measurements Lengths (L)

			Left (cm)	Right (cm)
1	L	Acromion to base of neck or width required (only for Vest or Leotard with no sleeves)		

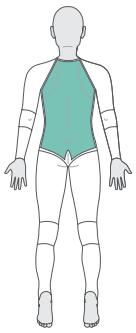
Reinforcement Panels (Please specify)

Standard Panels

To assist hip external rotation and back extension

SP

Std panels included with Suits. Type NO if no panels are required_____



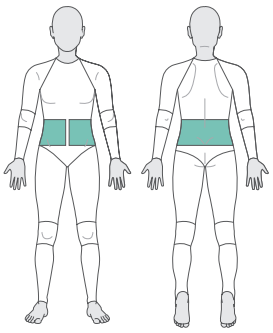
Posterior

Lumbar Panels

To assist postural control

☐ **LP**

Extend to _____ cms above umbilicus

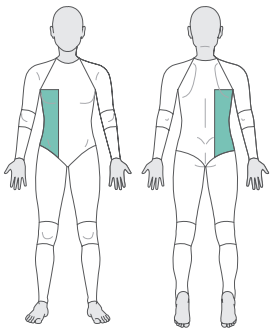


Anterior Posterior

Lateral Trunk Panels

To correct left lateral flexion

☐ **TPL**

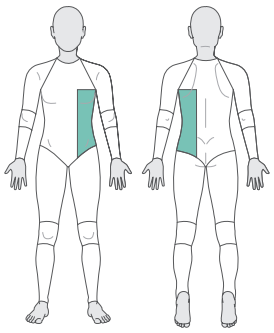


Anterior Posterior

Lateral Trunk Panels

To correct right lateral flexion

☐ **TPR**

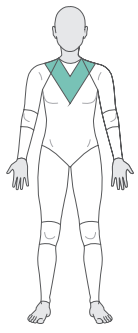


Anterior Posterior

Chest Panels

To assist protraction of the scapula

☐ **CP1**

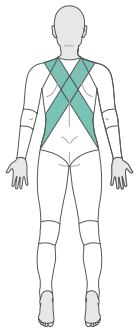


Anterior

Cross Panels

To assist retraction of the scapulae and back extension

☐ **CP2**

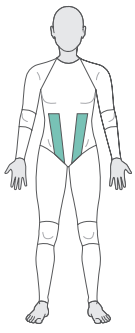


Posterior

Abdominal Panels

To resist lordosis

☐ **AP**

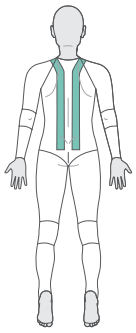


Anterior

Back Panels

To resist kyphosis

☐ **BP**

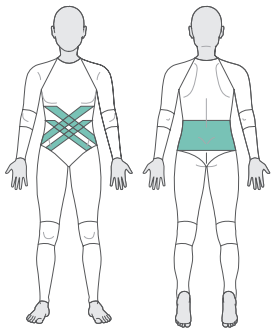


Posterior

Oblique Panels

To assist activation of oblique muscles

☐ **OP**



Anterior Posterior

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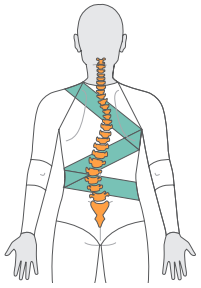
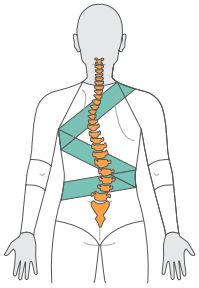
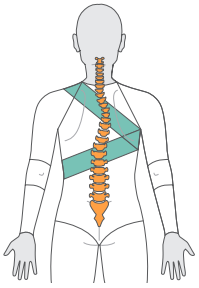
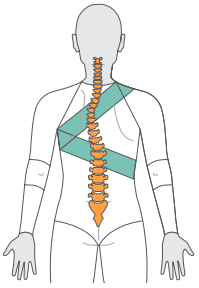
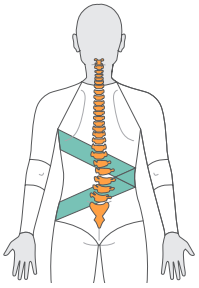
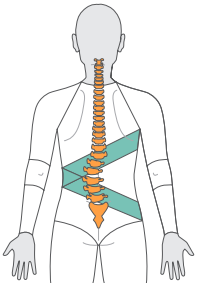
Scoliosis Reinforcement Panels (Please specify)

S-Shape Scoliosis Panels	S-Shape Scoliosis Panels	C-Shape Scoliosis Panels	C-Shape Scoliosis Panels	C-Shape Scoliosis Panels	C-Shape Scoliosis Panels
To assist correction of right thoracic and left lumbar curves	To assist correction of left thoracic and right lumbar curves	To assist correction of right thoracic curve	To assist correction of left thoracic curve	To assist correction of right lumbar curve	To assist correction of left lumbar curve
☐ SPL	☐ SPR	☐ CPL	☐ CPR	☐ Low CPL	☐ Low CPR
 Posterior	 Posterior	 Posterior	 Posterior	 Posterior	 Posterior

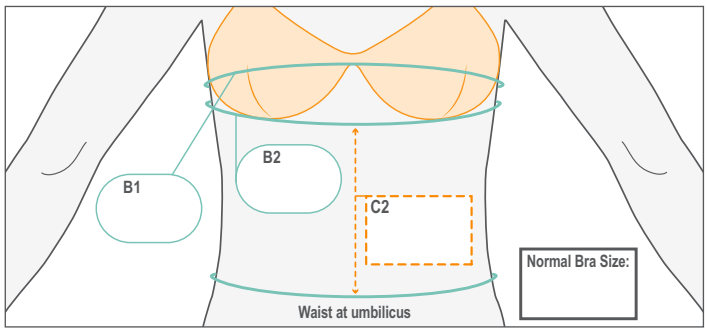
Optional Scoliosis Measurements

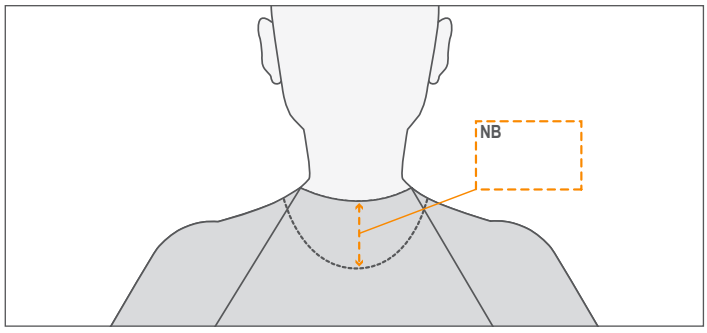
		Left (cm)	Right (cm)
L	Drop from axilla down to centre point of first panel		
L	Waist up to centre point of second panel		
L	Drop from hip to centre point of last panel		

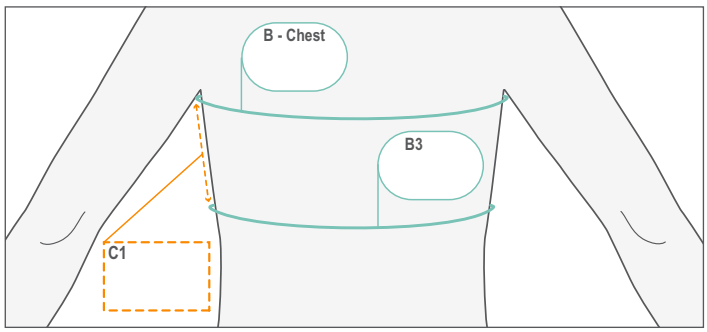
Optional Scoliosis Measurements (cm)

L	Width of panel *	

* NOTE: Paediatrics – width of panel must be between 4–10cm
Adults – width of panel must be between 6–12cm







Measurements for Bra Vest (cm)

B1	C	Overbust circumference	
B2	C	Underbust circumference	
C2	L	Length from underbust to waist	
Normal bra size			

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

Measurements for Rib Flare (cm)

B	C	Circumference level with chest in line with the axillary crease	
B3	C	Rib flare circumference at widest part	
C1	L	Length from axilla to rib flare at widest part	

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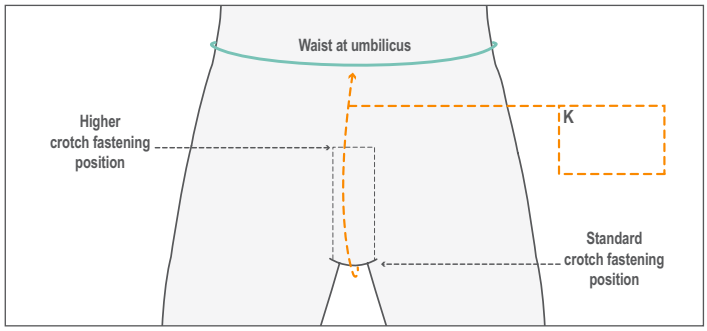

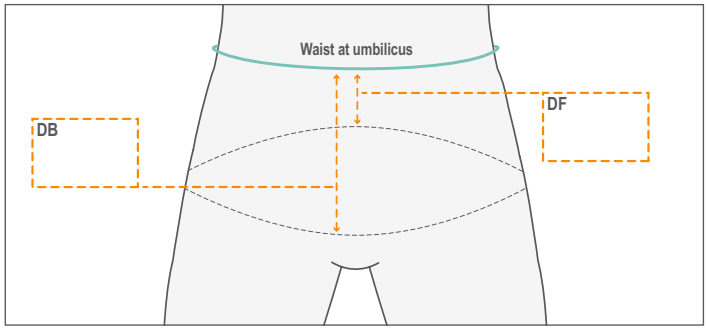

Measurements for Leotard

(cm)

K	L	Waist to waist through legs	

Measurements for Back & Front Scoop

(cm)

DF	L	Waist down to end of garment at the front	
DB	L	Waist down to end of garment at the back	

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