



PCP15, PCP19 & PCP29 Shorts and Leggings 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

Legs: ☐ Short legs ☐ Long legs
Crotch: ☐ Open crotch ☐ Closed crotch
High waisted: ☐ No ☐ Yes
Shoulder straps: ☐ No ☐ Yes
Silicone Edging: ☐ No ☐ Yes
Soft Binding: ☐ Yes (Soft binding will be applied to crotch only, in complementing colour or theme if selected)

Zip Position (please specify)

Front: ☐ No zip ☐ Centre front ☐ Double front ☐ Reflux / Abdominal Zip
Legs: ☐ No zip ☐ Outside leg ☐ Inside: upside down ☐ Inside: to front of seam
Side Seam: ☐ Waist to hip ☐ Hip to end of leg

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

Order No.: _____ Patient Reference No.: _____

RIGHT

LEFT

KEY

Circumference

Length

B

A - Umbilicus

J - ASIS

C Right

C Left

D Right

D Left

R13

L13

R13A

L13A

R14

L14

R15

L15

R16

L16

R17

L17

R18

L18

R19

L19

Instep

Instep

Umbilicus

Knee or end of garment if above the knee

R22 and L22 measurements must be taken

R22

L22

R20

L20

R21

L21

Strap Right

Strap Left

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.

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		
J	C	Level with Anterior Superior Iliac Spine (ASIS)		
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		
15	C	Level with knee joint (in line with mid patella)		
16	C	Below knee at upper margin of tibial tuberosity		
17	C	Level with bulk of calf, 5mm less than 'at rest' circumference		
18	C	Level with mid-lower leg, at point of musculotendinous junction		
19	C	Level with upper margin of medial malleolus		
Instep	C	Around instep or waist of the foot (only if stirrup)		

Length Measurements (L)

Left (cm) Right (cm)

D	L	Point level with umbilicus to Anterior Superior Iliac Spine (ASIS) on anterior surface		
20	L	Inside leg groin to knee or end of SDO®		
21	L	Knee joint in line with mid-patella to upper margin of medial malleolus - measured on medial border		
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*Circumference Measurement for High Waisted Shorts & Leggings (C)**

(cm)

B	C	Top of shorts or leggings		
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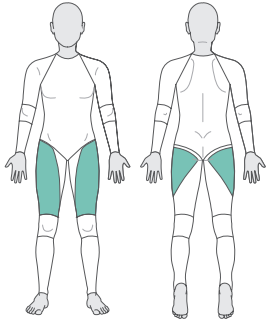
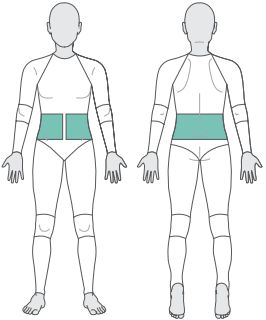
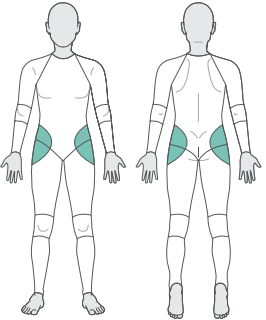
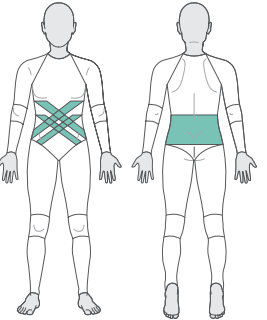
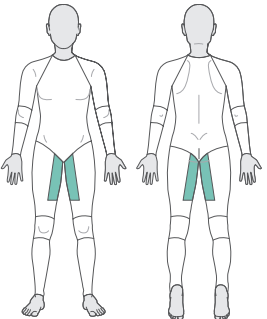
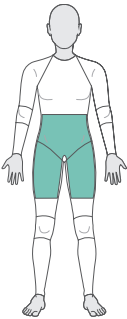
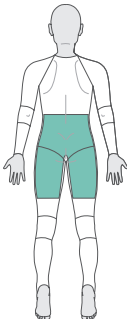
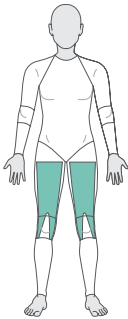
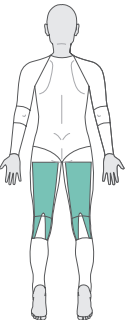
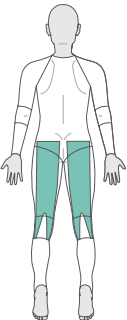
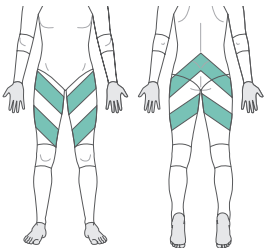
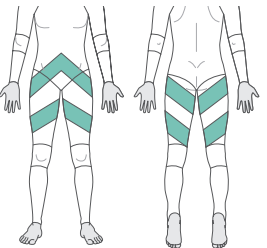
Length Measurement for High Waisted Shorts & Leggings (L)

Left (cm) Right (cm)

C	L	Top of shorts to waist (A)		
Strap	L	Length of shoulder straps (only if shoulder straps are required) Polycotton material with adjustable D-ring fastener		

Order No.: _____ Patient Reference No.: _____

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	Hip Panels To assist hip control and external rotation ☐ HP  Anterior Posterior	Oblique Panels To assist activation of oblique muscles ☐ OP  Anterior Posterior
Medial Upper Leg Panels To assist adduction and internal rotation ☐ ULM  Anterior Posterior	Pelvic Panels To resist posterior tilt ☐ APP  Anterior	Pelvic Panels To resist anterior tilt and encourage hip extension ☐ PPP  Posterior	Leg Panels To assist knee extension Long leg only ☐ KE  Anterior
Leg Panels To assist knee flexion Long leg only ☐ KF  Posterior	Leg Panels To assist hip extension ☐ HE  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