

ORDER FORM

Date: _____

Patient Details

Patient Type: New Patient Existing Patient

Quote Only

First Name: _____

Last Name: _____

Preferred Pronouns: She/Her He/Him They/Them Other (Please specify): _____

Anatomy: Female Male

Date of Birth: _____

Age: _____

Address: _____

Phone: _____

Email Address: _____

Carer Details: Name: _____

Phone: _____

Relationship: _____

Diagnosis: _____

Referrer Details

Hospital/Private Practice: _____

Doctor/Surgeon: _____

Provider No.: _____

Therapist: _____

Provider No.: _____

Invoice to

Hospital/Private Practice Name: _____

Order Number: _____

Patient

Insurance Company: _____

Claim No.: _____

Case Manager: _____

Phone: _____

Email: _____

Employer Name: _____

Date of Injury: _____

Credit Card Details Name of Card Holder: _____

Card Number: - - -

Expiry Date (MM/YY): _____

CVC: _____

Deliver to

Hospital

Address: _____

Private Practice



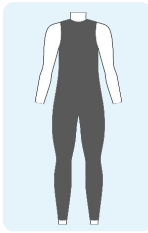
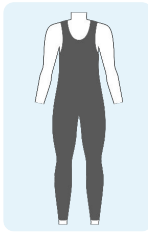
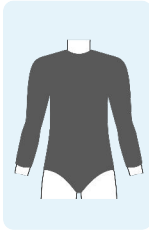
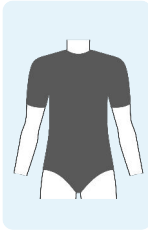


Patient As Above Other (Please specify): _____

Clinical Justification/Garment Description

Patient Name: Date:

Therapist Name: DOB: Age:

Section 1: Select Your Garment Type and Quantity

	<p>1006 Body Suit Long Sleeves</p> <p><input type="checkbox"/> Above Knee <input type="checkbox"/> Below Knee</p>		<p>1005 Body Suit Short Sleeves</p> <p><input type="checkbox"/> Above Knee <input type="checkbox"/> Below Knee</p>		<p>1007 Body Suit No Sleeves</p> <p><input type="checkbox"/> Above Knee <input type="checkbox"/> Below Knee</p>		<p>1008 Body Suit Singlet Style</p> <p><input type="checkbox"/> Above Knee <input type="checkbox"/> Below Knee</p>
	<p>1002 Body Brief Long Sleeves</p> <p><input type="checkbox"/></p>		<p>1001 Body Brief Short Sleeves</p> <p><input type="checkbox"/></p>		<p>1003 Body Brief No Sleeves</p> <p><input type="checkbox"/></p>		<p>1004 Body Brief Singlet Style</p> <p><input type="checkbox"/></p>

Note: Zipper closure included as standard at front or back of body suit/body brief

Section 2: Select Your Fabric, Colours and Class

Fabric

TSL to select appropriate fabric

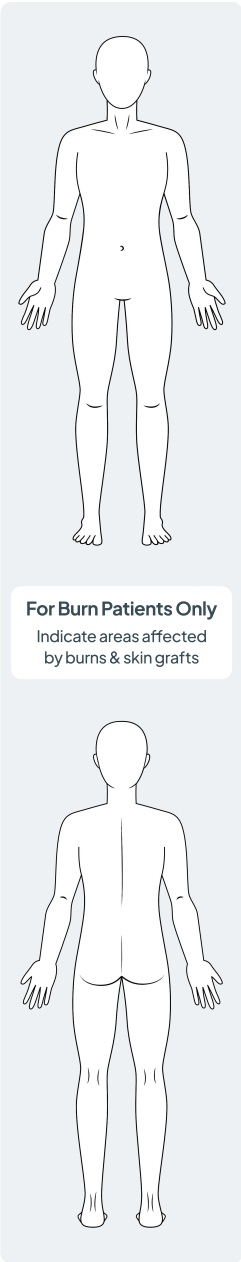
Select Fabric

<input type="checkbox"/> Brushback <i>See colours listed below</i>	<input type="checkbox"/> Powernet <i>Beige/Black</i>	<input type="checkbox"/> Primatex <i>Beige/Black/White</i>
<input type="checkbox"/> UPF Tex <i>Beige/Black</i>	<input type="checkbox"/> Premium <i>Beige/Black</i>	

Brushback & Thread Colours: Beige, Black, Red, Hot Pink, Musk Pink, White, Purple, Violet, Sky Blue, Royal Blue, Green, Mint Green, Khaki, Navy, Brown

Thread Colour Only: Orange, Yellow

Note: Thread is available in all colours which can be used with any fabric



Colours

Garment 1 Colour

Beige Black Other (Please specify): _____ **Stitching:** _____

Add Motif | Code/Description: _____

Garment 2 Colour

Beige Black Other (Please specify): _____ **Stitching:** _____

Add Motif | Code/Description: _____

Class Class 1 (20-30 mmHg) Class 2 (30-40 mmHg)

Comments

Patient Name:

 Date:

 Therapist Name:

 DOB:

 Age:

Section 3: Select Your Optional Features - UPPER BODY

Closures

Zipper	<input type="checkbox"/> Front	<input type="checkbox"/> Back
Position	<input type="checkbox"/> Centre	<input type="checkbox"/> Other (Please specify):
Padding Under Zipper	6010L/11L	<input type="checkbox"/>
Zipper Loop	6013	<input type="checkbox"/>
Additional dressing assist velcro tabs	60122	Qty: <input type="text"/>

Additional Closures

		Left	Right
Armsleeve Zippers			
Zipper under 25cm	6010	<input type="checkbox"/>	<input type="checkbox"/>
Zipper over 25cm	6011	<input type="checkbox"/>	<input type="checkbox"/>
Zipper Position Left	Location:		
Zipper Position Right	Location:		
Padding Under Zipper	6010L/11L	<input type="checkbox"/>	<input type="checkbox"/>
Gusset Under Zipper	6010/6011G	<input type="checkbox"/>	<input type="checkbox"/>


Shoulder Zippers			
Zipper under/over 25cm	6010/11	<input type="checkbox"/>	<input type="checkbox"/>
Padding Under Zipper	6010L/11L	<input type="checkbox"/>	<input type="checkbox"/>

Other closure notes:

Neck Line

Scoop (enter amount below) No scoop

Front Scoop: cm Back Scoop: cm

Turtle Neck	Width:	<input type="text"/> cm	
Attached	6020	<input type="checkbox"/>	
Detached	6021	<input type="checkbox"/>	

Elastic

		Left	Right
Sleeves - Edged (no elastic)	NC	<input type="checkbox"/>	<input type="checkbox"/>
No Silicon (Brushback Elastic)	NC	<input type="checkbox"/>	<input type="checkbox"/>

Contractures

		Left	Right
Elbow Standard Contracture	6000	<input type="checkbox"/>	<input type="checkbox"/>
Elbow Diamond Shaped Contracture	6038	<input type="checkbox"/>	<input type="checkbox"/>

Female Upper Body

Set of Bra Cups	6027	<input type="checkbox"/>
Princess Line	NC	<input type="checkbox"/>

Lining

		Left	Right
Lining - Sleeve Inner Elbow	6003	<input type="checkbox"/>	<input type="checkbox"/>
Lining - Sleeve Full Elbow	6004	<input type="checkbox"/>	<input type="checkbox"/>
Soft Lining Over Armholes (Sleeveless/Singlet)	6059	<input type="checkbox"/>	<input type="checkbox"/>
Soft Lining Over Neckline	6058		<input type="checkbox"/>

Underarm Lining (vest comes standard with Hydro Lining)

Vest Fabric & Hydro Lining	6036	<input type="checkbox"/>	<input type="checkbox"/>
Vest Fabric Only	NC	<input type="checkbox"/>	<input type="checkbox"/>

Lining Notes: * indicate if pocket & insert are required

Silon-TEX® /Hydro Lining

		Patch	Pocket
Silon-TEX® Lining	60241	<input type="checkbox"/>	<input type="checkbox"/>
Hydro Lining	6001/6061	<input type="checkbox"/>	<input type="checkbox"/>

* provide photos to show position and size

Silon-TEX®/Hydro Lining Notes:

Pressure Panels

Increased Pressure Panel	6018	<input type="checkbox"/>
Decreased Pressure Panel	6019/6019C	<input type="checkbox"/>

Indicate Position:

Comments

Section 4: Select Your Optional Features - LOWERBODY

Leg Zippers		Left	Right
Zipper under 25cm	6010	<input type="checkbox"/>	<input type="checkbox"/>
Zipper over 25cm	6011	<input type="checkbox"/>	<input type="checkbox"/>
Zipper Position Left	Location:		
Zipper Position Right	Location:		
Padding Under Zipper	6010/11L	<input type="checkbox"/>	<input type="checkbox"/>
Gusset Under Zipper	6010/11G	<input type="checkbox"/>	<input type="checkbox"/>
Zipper Loop	6013	<input type="checkbox"/>	<input type="checkbox"/>

Additional Dressing Assist Velcro Tabs

60122	Qty:	<input type="checkbox"/>	<input type="checkbox"/>
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Other closure notes:

Foot Options		Left	Right
Open Toe	NC	<input type="checkbox"/>	<input type="checkbox"/>
Japanese Toe Cap	5017	<input type="checkbox"/>	<input type="checkbox"/>
Self Enclosed Toe	6015	<input type="checkbox"/>	<input type="checkbox"/>
Self Enclosed with Peep Toe Flap	6015P	<input type="checkbox"/>	<input type="checkbox"/>
Soft Toe Cap	6014	<input type="checkbox"/>	<input type="checkbox"/>
Soft Toe with Peep Toe Flap	6014P	<input type="checkbox"/>	<input type="checkbox"/>

Sole Of Foot Options		Left	Right
Neoprene Heat Set Grip Sole of Foot	6060	<input type="checkbox"/>	<input type="checkbox"/>
Leather Sole of Foot	6052	<input type="checkbox"/>	<input type="checkbox"/>
Suede Sole of Foot	6052	<input type="checkbox"/>	<input type="checkbox"/>
Seamless Sole of Foot	6043	<input type="checkbox"/>	<input type="checkbox"/>

Contractures		Left	Right
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Ankle

Diamond Shaped Contracture	6038	<input type="checkbox"/>	<input type="checkbox"/>
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Behind Knee

Standard Contracture	6000	<input type="checkbox"/>	<input type="checkbox"/>
Diamond Shaped Contracture	6038	<input type="checkbox"/>	<input type="checkbox"/>
Accordian Gusset (Lycra)	60071	<input type="checkbox"/>	<input type="checkbox"/>

Reinforcement Options		Left	Right
Reinforced Sole of Foot	6035	<input type="checkbox"/>	<input type="checkbox"/>
Reinforced Heel	6005	<input type="checkbox"/>	<input type="checkbox"/>

Body Suit Pubis Options			
Pubis		<input type="checkbox"/> Open	<input type="checkbox"/> Closed
Soft lining over open pubis elastic	6063	<input type="checkbox"/>	
		Lycra (Standard)	Powernet
Male Y Front	7008	<input type="checkbox"/>	<input type="checkbox"/>

Body Brief Pubis	
Press Stud Closure - Standard	

Body Suit Option For Infant Wearing A Nappy		
Closed Pubis	NC	<input type="checkbox"/>
Open Pubis with Soft Lining	6063	<input type="checkbox"/>
Open Pubis with Nappy Strap	6017	<input type="checkbox"/>

Inner Leg Closures		
Leg Zippers	6010/11	<input type="checkbox"/>
Padding Under Zippers	6010L/11L	<input type="checkbox"/>
Press Studs	6010P/11P	<input type="checkbox"/>

Body Brief Option For Infant Wearing A Nappy		
Press Stud Closure	NC	<input type="checkbox"/>
Velcro Closure	NC	<input type="checkbox"/>

Lining Options		Left	Right
Lining - Heel	60051	<input type="checkbox"/>	<input type="checkbox"/>
Lining - Anterior Ankle	6007	<input type="checkbox"/>	<input type="checkbox"/>
Lining - Knee (indicate position)	6008	<input type="checkbox"/>	<input type="checkbox"/>

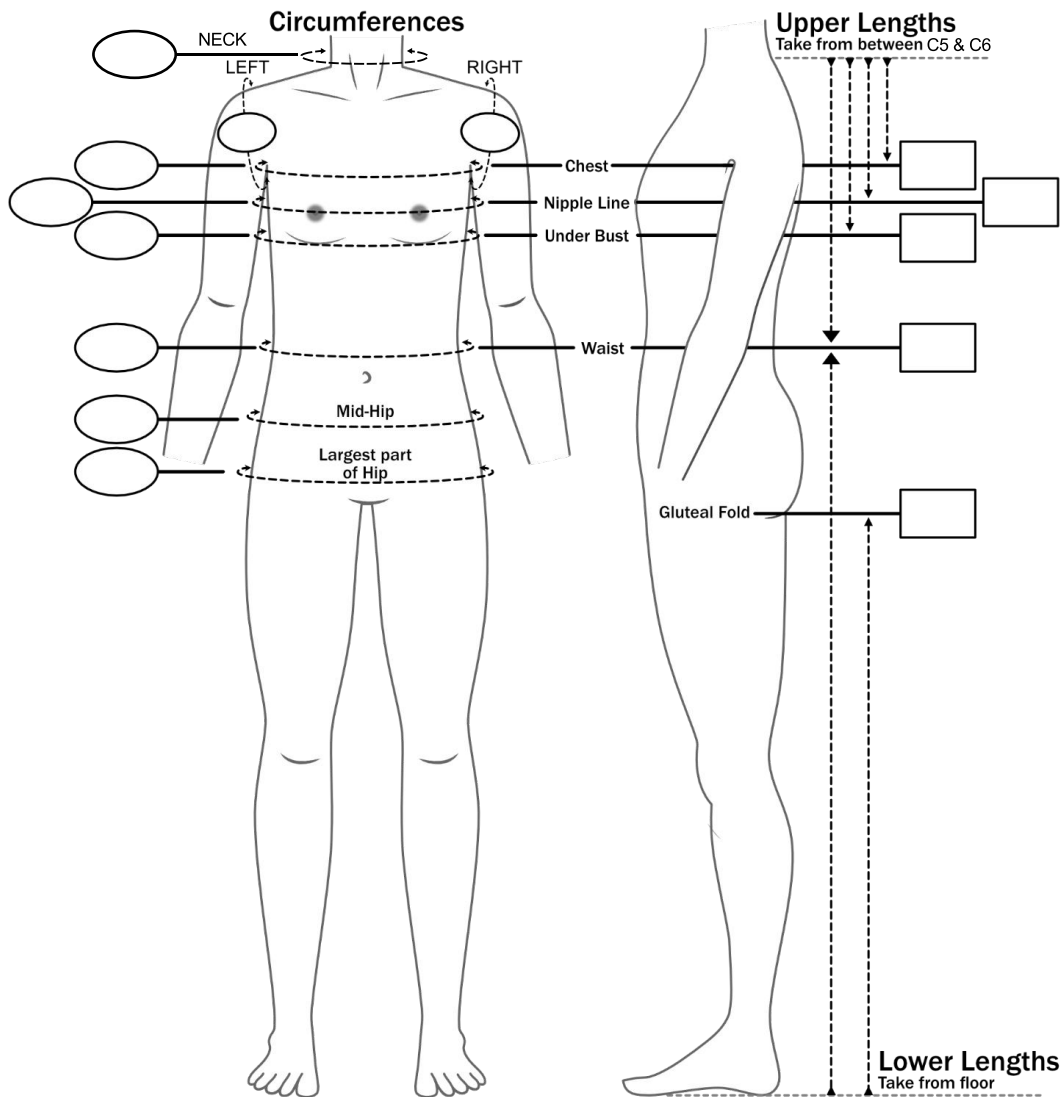
Lining Notes: *indicate if pocket & insert are required

Silon-TEX® Lining		
Silon-TEX® Lining	60241	<input type="checkbox"/>

Silon-TEX® Notes: *indicate if pocket & insert are required

Elastic		Left	Right
No Silicon (Brushback Elastic)	NC	<input type="checkbox"/>	<input type="checkbox"/>

Custom Made Body Suits and Briefs – Measurements



All measurements must be take with patient in standing position.

- Upper extremity lengths are taken from C5–C6 position to the waist
- Lower extremity lengths are taken from the floor to the waist
- All length measurements are linear - not contoured
- We recommend that you tie a waist/girth indicator around the patient's waist to help with accurate measurement
- Female patients requiring breast support must wear a well fitted bra when measurements are taken

Comments

Patient Name:

 Date:

 Therapist Name:

 DOB:

 Age:

Arm Circumferences

Wrist End

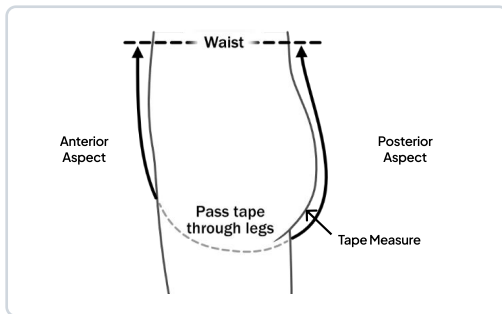
Left	Centimetres	Right
	0	
	4	
	8	
	12	
	16	
	20	
	24	
	28	
	32	
	36	
	40	
	44	
	48	
	52	
	56	
	60	
Left	Centimetres	Right

Axila End

Total Length of Garment

Left	Right
<input type="text"/>	<input type="text"/>

Girth Measurement for Waist Height Garments



Hold the measuring tape at front of waist and bring it between the legs to the centre back as shown in diagram

Girth: cm

Indicate where elbow crease falls in centimetres column with an asterix *

Left Elbow Crease

Position cm

Circumference cm

Right Elbow Crease

Position cm

Circumference cm

Indicate where knee crease falls in centimetres column with an asterix *

Left Knee Crease

Position cm

Circumference cm

Right Knee Crease

Position cm

Circumference cm

Leg Circumferences

Thigh End

Left	Centimetres	Right
	92	
	88	
	84	
	80	
	76	
	72	
	68	
	64	
	60	
	56	
	52	
	48	
	44	
	40	
	36	
	32	
	28	
	24	
	20	
	16	
	12	
	8	
	4	
	Heel	
	-4	
	-8	
	-12	
	-16	
Left	Centimetres	Right

Foot End

Total Length of Garment

Left	Right
<input type="text"/>	<input type="text"/>

All measurements must be take with patient in standing position.

- We recommend that you tie a waist/girth indicator around the patient's waist to help with accurate measurement



Patient Name:

Date:

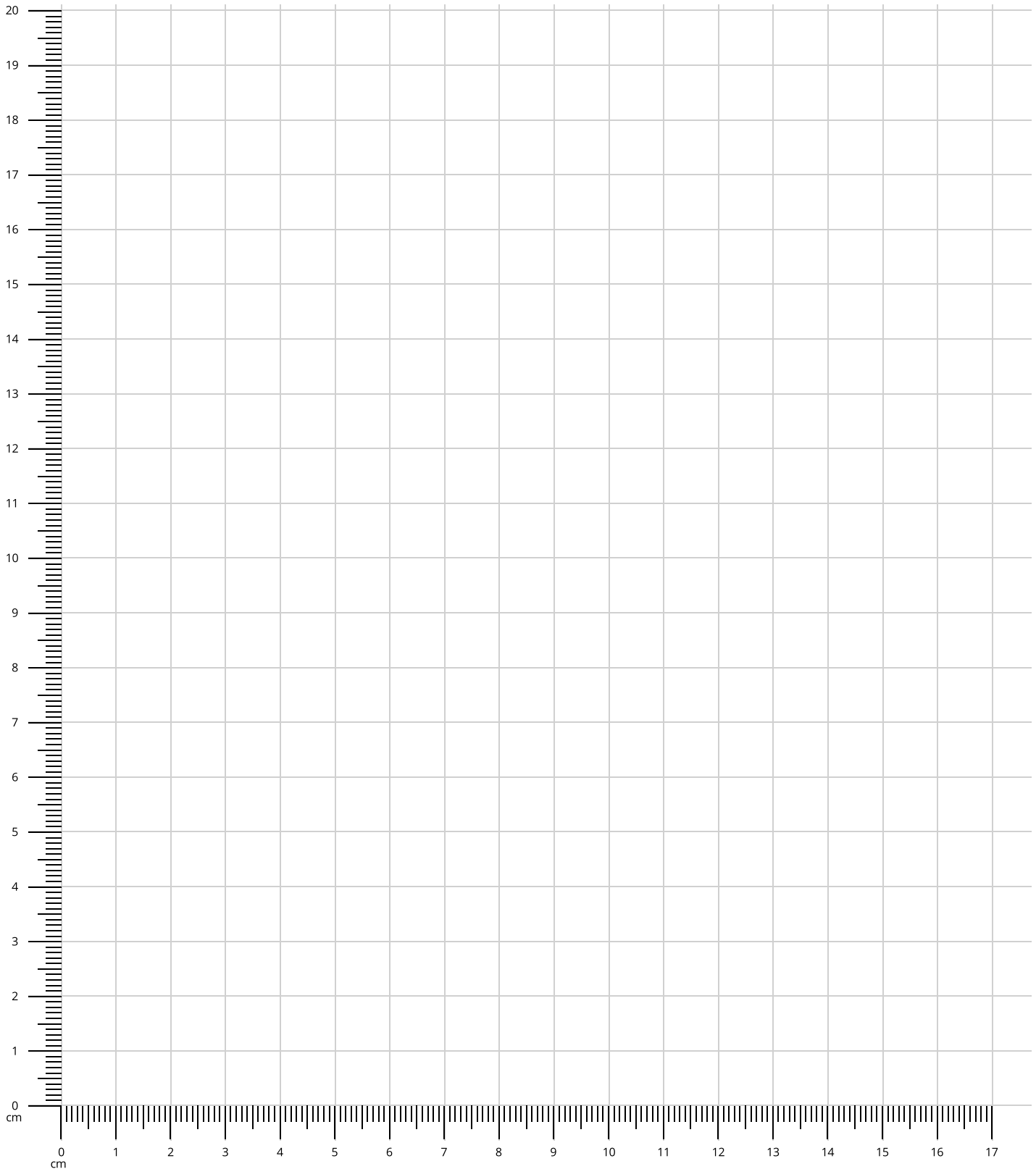
Therapist Name:

DOB:



Age:

Hand/Foot Outline Form

Scale can be distorted when pages are printed or scanned. Check the scale before tracing your outline Tick Scale Checked



Important Note: When tracing the hand or foot outline, they must lay as flat as possible, so the web heights are accurate. When tracing the hand outline, keep the middle finger and forearm in a vertical position.

OT  CT  ** Open Tip lengths to be indicated on Hand/Foot Outline