

## 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): \_\_\_\_\_

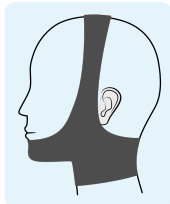
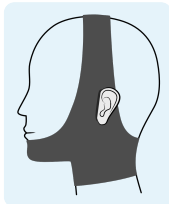
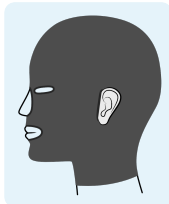
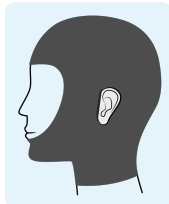
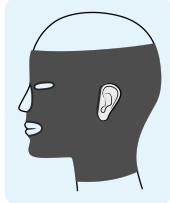
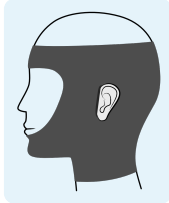
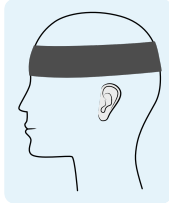
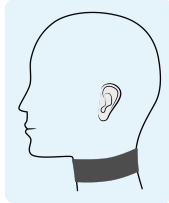
### Clinical Justification/Garment Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name:  Date:

Therapist Name:  DOB:  Age:

**Section 1: Select Your Garment Type and Quantity**

<input type="checkbox"/>  4001 Chinstrap	<input type="checkbox"/>  4002 Chinstrap Variation (including ear)	<input type="checkbox"/>  4003 Face Mask	<input type="checkbox"/>  4004 Open Face Mask
<input type="checkbox"/>  4005 Open Head Face Mask	<input type="checkbox"/>  4006 Open Head & Open Face Mask	<input type="checkbox"/>  4011 Forehead / Eye Band	<input type="checkbox"/>  6021 Detached Turtle Neck

**Section 2: Select Your Optional Features**

<input type="checkbox"/> 4007 Nose Covering <i>(must provide measurement)</i>	<input type="checkbox"/> 4008 Ear Covering	Left <input type="checkbox"/> Right <input type="checkbox"/>	<input type="checkbox"/> 60241 Silon-TEX® Lining <i>(indicate position on drawing below)</i>	Patch <input type="checkbox"/> Pocket <input type="checkbox"/>
<input type="checkbox"/> 4009 Lip Covering	<input type="checkbox"/> 4012 Ear Lining	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 6001 Hydro Lining <i>(indicate position on drawing on below)</i>	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> 4013 Ear Hearing Hole with Lining	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Velcro Opening <i>(instead of standard zipper - for face masks only)</i>	

**Section 3: Select Your Colours**

Brushback

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:

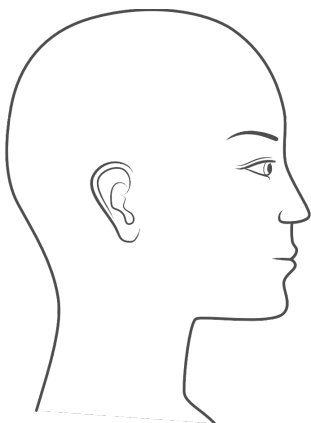
Add Motif | Code/Description:

Garment 2 Colour

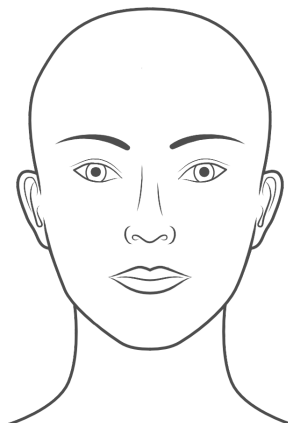
Beige  Black  Other (Please specify):

Stitching:

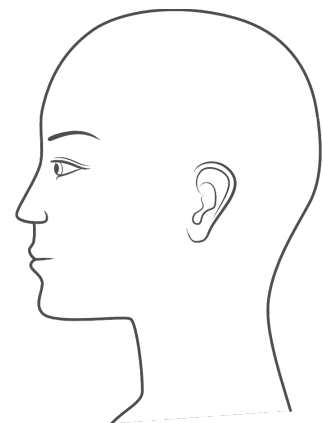
Add Motif | Code/Description:



Right Side of Face



Show position of Silon-TEX® or Lining on facial diagrams



Left Side of Face

Patient Name: 

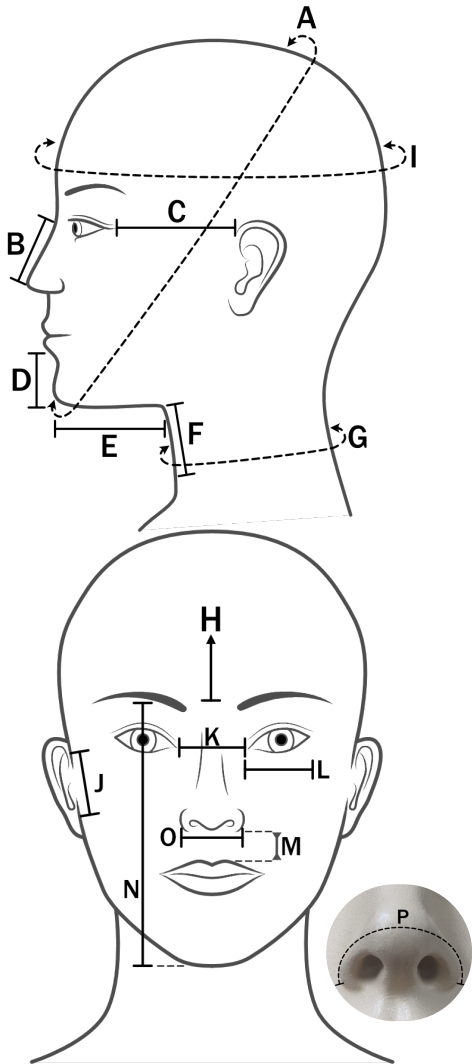
 Date: 

 Therapist Name: 

 DOB: 

 Age: 

### Face Mask / Chin Strap Measurements



<b>A</b> Circumference at Chin Angle	<input type="text"/>	cm
<b>B</b> Length of Nose	<input type="text"/>	cm
<b>C</b> Distance between Eye & Ear	<input type="text"/>	cm
<b>D</b> Length Mouth to Chin	<input type="text"/>	cm
<b>E</b> Length Tip of Chin to Throat	<input type="text"/>	cm
<b>F</b> Length Neck to End of Garment	<input type="text"/>	cm
<b>G</b> Neck Circumference	<input type="text"/>	cm
<b>H</b> Length Above Eyebrow to Required Height <i>(if open head)</i>	<input type="text"/>	cm
<b>I</b> Circumference around Head at Forehead	<input type="text"/>	cm
<b>J</b> Length of Ear	Left <input type="text"/>	cm
	Right <input type="text"/>	cm
<b>K</b> Distance Between Eyes	<input type="text"/>	cm
<b>L</b> Length of Eye	Left <input type="text"/>	cm
	Right <input type="text"/>	cm
<b>M</b> Length Under Nose to Mouth	<input type="text"/>	cm
<b>N</b> Length Chin to Eyebrow	<input type="text"/>	cm
<b>O</b> Width Under Nose	<input type="text"/>	cm
<b>P</b> Nose Covering Measurement	<input type="text"/>	cm
<b>Detached Turtle Neck Complete measurement (G)</b>		
Width: <input type="text"/>	cm	
<b>Forehead/Eye Band Complete measurement (I)</b>		
Width: <input type="text"/>	cm	

#### Important Tips

- Circumferential measurements must be taken with a dressmaking measuring tape
- It is recommended that the vertical and horizontal lengths are taken with a ruler
- All Chin Straps, Forehead/Eye Bands and Detached Turtle Necks have Velcro fastening
- All face masks have a standard centre back zipper opening with the option of changing this to Velcro and changing the zipper position

 Comments