

## 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

<b>Anklet - Open Toe *</b>  <input type="checkbox"/> Left <input type="checkbox"/> Right 5001	<b>Anklet - Toe Glove</b>  <input type="checkbox"/> Left <input type="checkbox"/> Right OT CT OT CT 5014	<b>Anklet - Japanese Toe Glove</b>  <input type="checkbox"/> Left <input type="checkbox"/> Right OT CT OT CT 5016	<b>Toe Glove to Mid Foot</b>  <input type="checkbox"/> Left <input type="checkbox"/> Right OT CT OT CT 5014MF
<b>Knee Length - Open Toe *</b>  <input type="checkbox"/> Left <input type="checkbox"/> Right 5002	<b>Thigh Length - Open Toe *</b>  <input type="checkbox"/> Left <input type="checkbox"/> Right 5003	<b>Thigh Length - One Leg with Waist Attachment - Open Toe *</b>  <input type="checkbox"/> Left <input type="checkbox"/> Right 5004	<b>Thigh Length - Two Legs with Waist Attachment - Open Toe *</b>  <input type="checkbox"/> 5005
<b>Panty Brief</b>  <input type="checkbox"/> 5006	<b>Tights - Above Knee</b>  <input type="checkbox"/> 5007	<b>Tights - One Long Leg &amp; One Above Knee Leg *</b>  <input type="checkbox"/> Long Left, Short Right <input type="checkbox"/> Short Left, Long Right 5008	<b>Tights Two Long Legs *</b>  <input type="checkbox"/> 5009

\* If Closed Toe is required please select from options in Section 3

### Section 2: Select Your Fabric, Colours and Class

**Fabric**

TSL to select appropriate fabric

Select Fabric

Brushback (Children) See colours listed below
  Powernet Beige/Black
  Primatex Beige/Black/White

UPFTex Beige/Black
  Premium Beige/Black

**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): \_\_\_\_\_
  Add Motif | Code/Description: \_\_\_\_\_

Stitching: \_\_\_\_\_

Garment 2 Colour

Beige  Black  Other (Please specify): \_\_\_\_\_
  Add Motif | Code/Description: \_\_\_\_\_

Stitching: \_\_\_\_\_

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



Comments

### Section 3: Select Your Optional Features

Closures		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"/>

Other closure notes:

Toe Options For Ankle, Knee Length, Thigh Length Or Tights		Left	Right
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"/>

Edge Finish For Toe Glove To Mid Foot		
<input type="checkbox"/> Edged	<input type="checkbox"/> Raw (no edging)	<input type="checkbox"/> 1" Elastic

Slant Inserts		Left	Right
Slant Inserts - Full Foot	6009	<input type="checkbox"/>	<input type="checkbox"/>
Individual Toe Slants	6009S		
Left Webspacer	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/>		
Right Webspacer	1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <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
<b>Ankle</b>			
Diamond Shaped Contracture	6038	<input type="checkbox"/>	<input type="checkbox"/>
<b>Behind Knee</b>			
Standard Contracture	6000	<input type="checkbox"/>	<input type="checkbox"/>
Diamond Shaped Contracture	6038	<input type="checkbox"/>	<input type="checkbox"/>
Accordion Gusset (Lycra)	60071	<input type="checkbox"/>	<input type="checkbox"/>

Panty Brief & Tights Pubis Options	
Pubis	<input type="checkbox"/> Open <input type="checkbox"/> Closed
Soft lining over open pubis elastic	<input type="checkbox"/>
	Lycra (Standard) <input type="checkbox"/> Powernet <input type="checkbox"/>
Male Y Front	7008 <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

Reinforcement Options		Left	Right
Reinforced Sole of Foot	6035	<input type="checkbox"/>	<input type="checkbox"/>
Reinforced Heel	6005	<input type="checkbox"/>	<input type="checkbox"/>
Reinforced Seam - Knee Length	6054B	<input type="checkbox"/>	<input type="checkbox"/>
Reinforced Seam - Thigh Length	6054C	<input type="checkbox"/>	<input type="checkbox"/>
Reinforced Seam - Tights	6054E	<input type="checkbox"/>	<input type="checkbox"/>

Reinforcement Notes:

Silon-TEX® Lining		Left	Right
Silon-TEX® Lining	60241	<input type="checkbox"/>	<input type="checkbox"/>
<small>* provide photos to indicate position and size</small>			

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

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

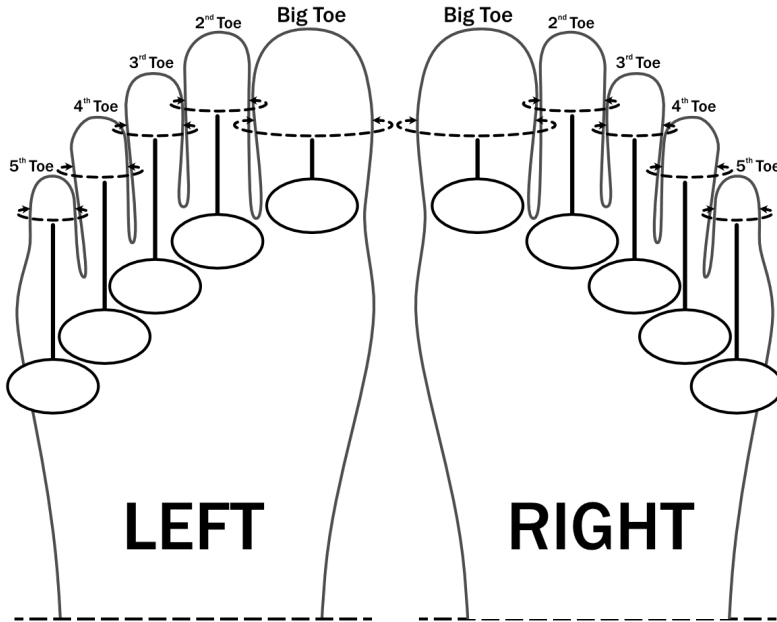
Other Options	
Decreased Pressure Panel	6019/6019C <input type="checkbox"/>
Increased Pressure Panel	6018 <input type="checkbox"/>
Suspenders	6016 <input type="checkbox"/>
	Attached <input type="checkbox"/> Detached <input type="checkbox"/>
Raised Lateral Aspect for Thigh Length	6006C <input type="checkbox"/>
Raised Posterior Aspect for Knee Length	6006B <input type="checkbox"/>

Comments

### Toe, Leg & Body Measurements

Measure over the IP Joint of each toe

Place all circumferences in the spaces provided in centimetres



**Left Knee Crease**

Position  cm

Circumference  cm

**Right Knee Crease**

Position  cm

Circumference  cm

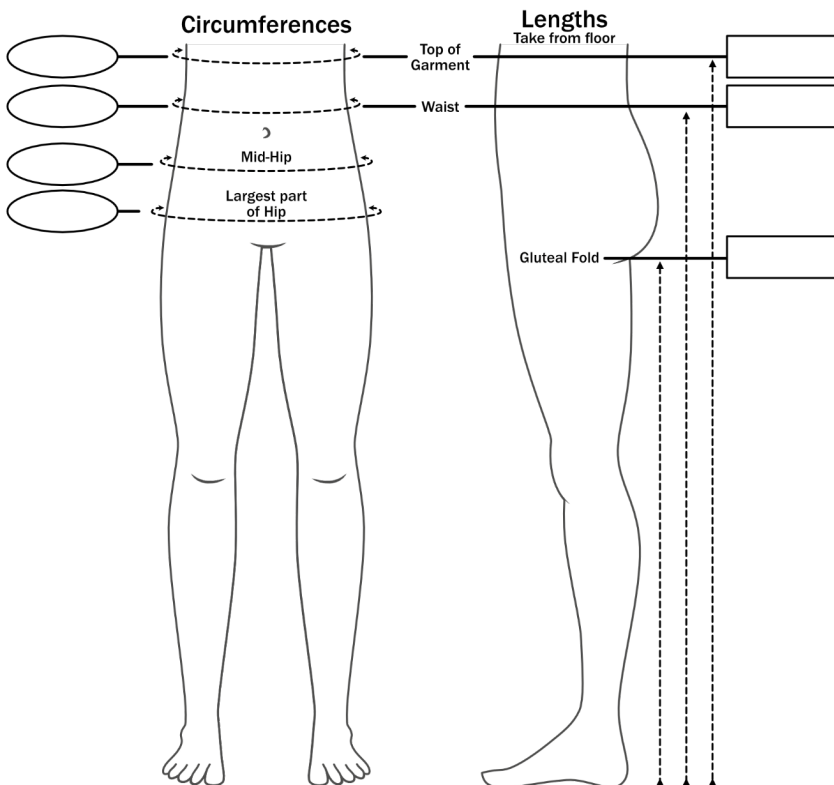
Indicate where knee crease falls in centimetres column with an asterisk \*

### 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	
	<b>Heel</b>	
	-4	
	-8	
	-12	
	-16	
Left	Centimetres	Right

A Foot Outline Form showing full toe lengths and web heights is required for each foot  
 \* Indicate Open Tip length on foot outline  
 We recommend you tie a waist/girth indicator around the waist for accurate measurements.

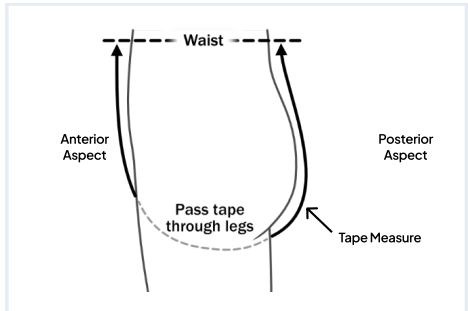


**Foot End**

**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



Patient Name:

Date:

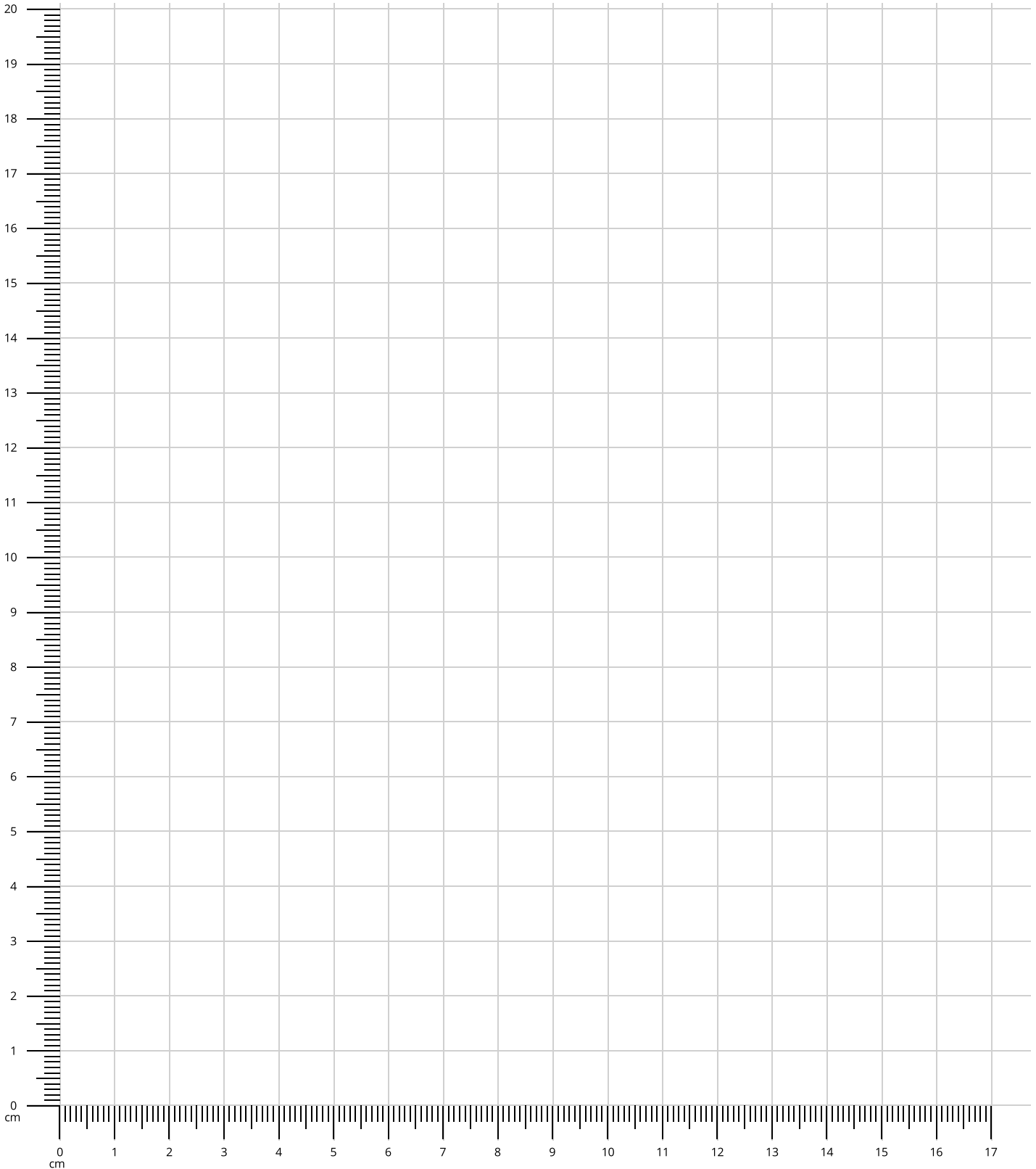
Therapist Name:

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