

## 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:




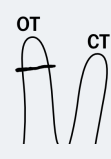








Date:

Therapist Name:

DOB:

Age:

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

<p><b>Glove to Wrist</b></p>  <p>3001/3001N</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td>OT CT</td><td>OT CT</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	OT CT	OT CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Glove to Elbow</b></p>  <p>3002/3002N</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td>OT CT</td><td>OT CT</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	OT CT	OT CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Glove to Axilla</b></p>  <p>3005</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td>OT CT</td><td>OT CT</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	OT CT	OT CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	 <p><b>OT CT</b></p> <p><b>** Open Tip lengths to be indicated on Hand Outline</b></p>
Left	Right																										
OT CT	OT CT																										
<input type="checkbox"/>	<input type="checkbox"/>																										
<input type="checkbox"/>	<input type="checkbox"/>																										
Left	Right																										
OT CT	OT CT																										
<input type="checkbox"/>	<input type="checkbox"/>																										
<input type="checkbox"/>	<input type="checkbox"/>																										
Left	Right																										
OT CT	OT CT																										
<input type="checkbox"/>	<input type="checkbox"/>																										
<input type="checkbox"/>	<input type="checkbox"/>																										
<p><b>Gauntlet to Wrist</b></p>  <p>3006/3006N</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Gauntlet to Elbow</b></p>  <p>3018/3018N</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Gauntlet to Axilla</b></p>  <p>3016/3016N</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Finger Web Spacer Gauntlet</b></p>  <p>3008</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	<input type="checkbox"/>	<input type="checkbox"/>								
Left	Right																										
<input type="checkbox"/>	<input type="checkbox"/>																										
Left	Right																										
<input type="checkbox"/>	<input type="checkbox"/>																										
Left	Right																										
<input type="checkbox"/>	<input type="checkbox"/>																										
Left	Right																										
<input type="checkbox"/>	<input type="checkbox"/>																										
<p><b>Armsleeve Wrist to Axilla</b></p>  <p>3013/3013N</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Forearm/Upper Arm Sleeve</b></p>  <p>3017/3017N</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Individual Finger Stall with Attachment</b></p>  <p>3010/3010N</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td>OT CT</td><td>OT CT</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	OT CT	OT CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Individual Finger Stall</b></p>  <p>3009/3009N</p> <table border="1"> <tr><th>Left</th><th>Right</th></tr> <tr><td>OT CT</td><td>OT CT</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Left	Right	OT CT	OT CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	Right																										
<input type="checkbox"/>	<input type="checkbox"/>																										
Left	Right																										
<input type="checkbox"/>	<input type="checkbox"/>																										
Left	Right																										
OT CT	OT CT																										
<input type="checkbox"/>	<input type="checkbox"/>																										
<input type="checkbox"/>	<input type="checkbox"/>																										
Left	Right																										
OT CT	OT CT																										
<input type="checkbox"/>	<input type="checkbox"/>																										
<input type="checkbox"/>	<input type="checkbox"/>																										

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

**Fabric**

TSL to select appropriate fabric

---

Select Fabric

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

**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

**Colour**

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)



**For Burn Patients Only**  
Indicate areas affected by burns & skin grafts



**Comments**

Patient Name:	Date:	
Therapist Name:	DOB:	Age:

### 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"/>

**Alternative to Standard Velcro Tab**

Butterfly Clip Tab	<input type="checkbox"/>	<input type="checkbox"/>	
Press Stud Tab	<input type="checkbox"/>	<input type="checkbox"/>	
Additional dressing assist velcro tabs	60122 Qty:	<input type="checkbox"/>	<input type="checkbox"/>

**Other closure notes:**

Slant Inserts		Left	Right
Slant Inserts - Full Hand	6009	<input type="checkbox"/>	<input type="checkbox"/>
Individual Finger Slants	6009S		
Left	Web-space	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th
Right	Web-space	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th

Elastic		Left	Right
Standard (1" proximal end)	NC	<input type="checkbox"/>	<input type="checkbox"/>
No Silicon (Brushback Elastic)	NC	<input type="checkbox"/>	<input type="checkbox"/>
2 inch Silicon Elastic	6033	<input type="checkbox"/>	<input type="checkbox"/>

Contractures		Left	Right
Finger Contracture Seam	6000FC	<input type="checkbox"/>	<input type="checkbox"/>
Elbow Standard Contracture	6000	<input type="checkbox"/>	<input type="checkbox"/>
<i>* Specify degree of contracture in comments section below</i>			
Elbow Diamond Shaped Contracture	6038	<input type="checkbox"/>	<input type="checkbox"/>

Shoulder Cap & Attachment		Measurement	
Left	<input type="checkbox"/>	<input type="text"/> A	<input type="text"/> B
Right	<input type="checkbox"/>	<input type="text"/> A	<input type="text"/> B

### Comments

Raised Dorsal Aspect for Armsleeve		Left	Right
	6006A	<input type="checkbox"/>	<input type="checkbox"/>

Silon-TEX® Lining		Left	Right
Silon-TEX® Lining - Dorsal	60241	<input type="checkbox"/>	<input type="checkbox"/>
Silon-TEX® Lining - Palmar/Volar	60241	<input type="checkbox"/>	<input type="checkbox"/>

*\* indicate position and size on hand outline & photos*

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

Interior Lining - Hydro Lining		Left	Right
Lining - Inner Elbow	6003	<input type="checkbox"/>	<input type="checkbox"/>
Lining - Full Elbow	6004	<input type="checkbox"/>	<input type="checkbox"/>
Lining - Palm	6002	<input type="checkbox"/>	<input type="checkbox"/>
Lining - Thumb Opening	6056	<input type="checkbox"/>	<input type="checkbox"/>

**Gauntlet Only**

Binding at MCP Level	6044	<input type="checkbox"/>	<input type="checkbox"/>
----------------------	------	--------------------------	--------------------------

Lining Notes: *\* indicate if pocket & insert are required*

Reinforcement		Left	Right
Dorsal - MCP to Wrist	6031A	<input type="checkbox"/>	<input type="checkbox"/>
Dorsal - MCP to Elbow	6031B	<input type="checkbox"/>	<input type="checkbox"/>
Dorsal - MCP to Axilla	6031C	<input type="checkbox"/>	<input type="checkbox"/>

Reinforcement Notes:

Palm Grips & Padding		Left	Right
Palm Grips & Padding	6002	<input type="checkbox"/>	<input type="checkbox"/>
Fabric	<input type="checkbox"/> Neoprene Heat Set Grip <input type="checkbox"/> Leather <input type="checkbox"/> Suede		

**Position**

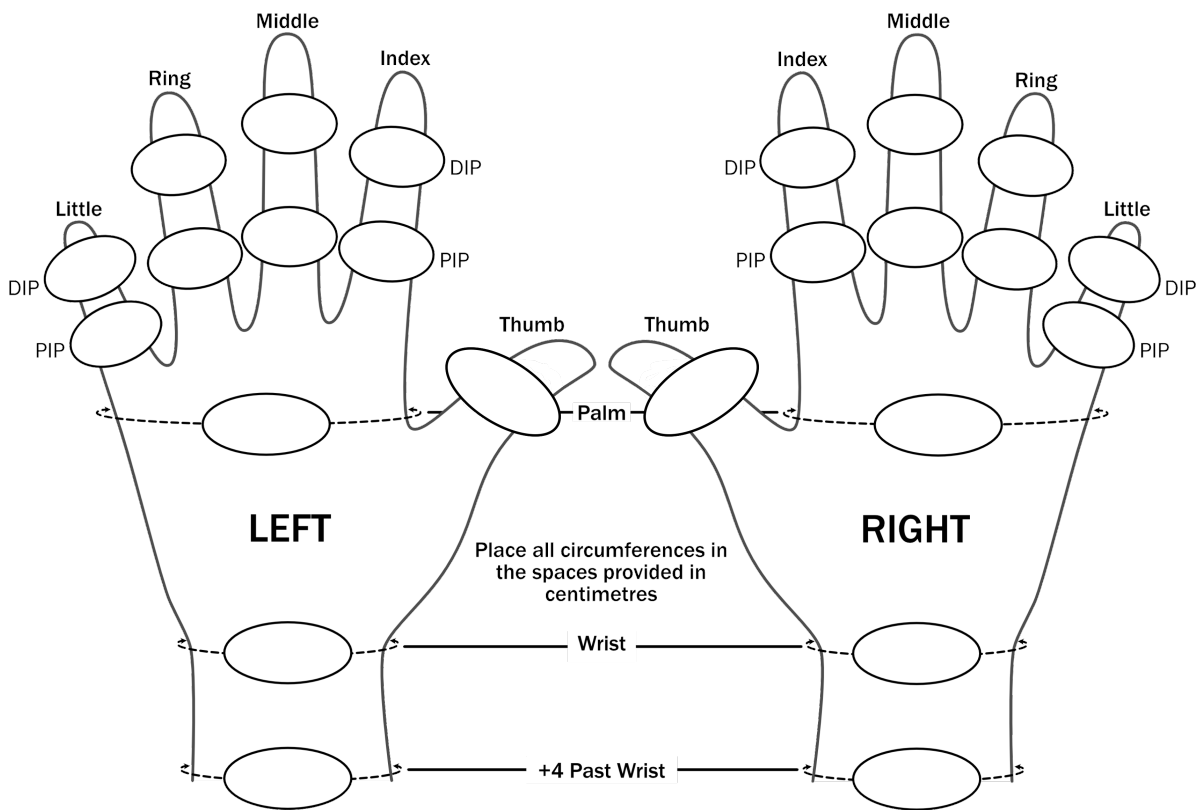
Entire Palmar Aspect in Neoprene Heat Set Grip

**Patches**

<input type="checkbox"/> Entire Palmar Aspect in Patches	
<input type="checkbox"/> Palm	<input type="checkbox"/> Thumb
<input type="checkbox"/> Thenar Eminance	
<input type="checkbox"/> Index Finger	<input type="checkbox"/> Middle Finger
<input type="checkbox"/> Ring Finger	<input type="checkbox"/> Little Finger



**Hand/Finger Circumferences**



A Hand Outline Form showing full finger lengths and web heights is required for each hand

**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

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

**Left Elbow Crease**

Position  cm

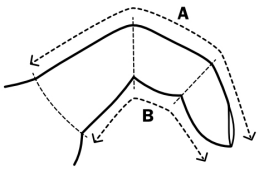
Circumference  cm

**Right Elbow Crease**

Position  cm

Circumference  cm

**Finger Contracture Measurements (cm)**



Finger	Left		Right	
	A	B	A	B
Thumb				
Index				
Middle				
Ring				
Little				

**Important Tips**

- Measure with TSL provided narrow tape measure
- Use TSL narrow pen for hand outline
- Measure all DIP & PIP circumferences
- Measure the wrist circumference at the wrist crease
- Measure the palm circumference at the MCP level
- Indicate Open Tip length on hand outline
- Provide a separate hand outline and/or photos to clearly indicate position and size of any linings or reinforcements required

**Axilla End**

**Total Length of Garment**

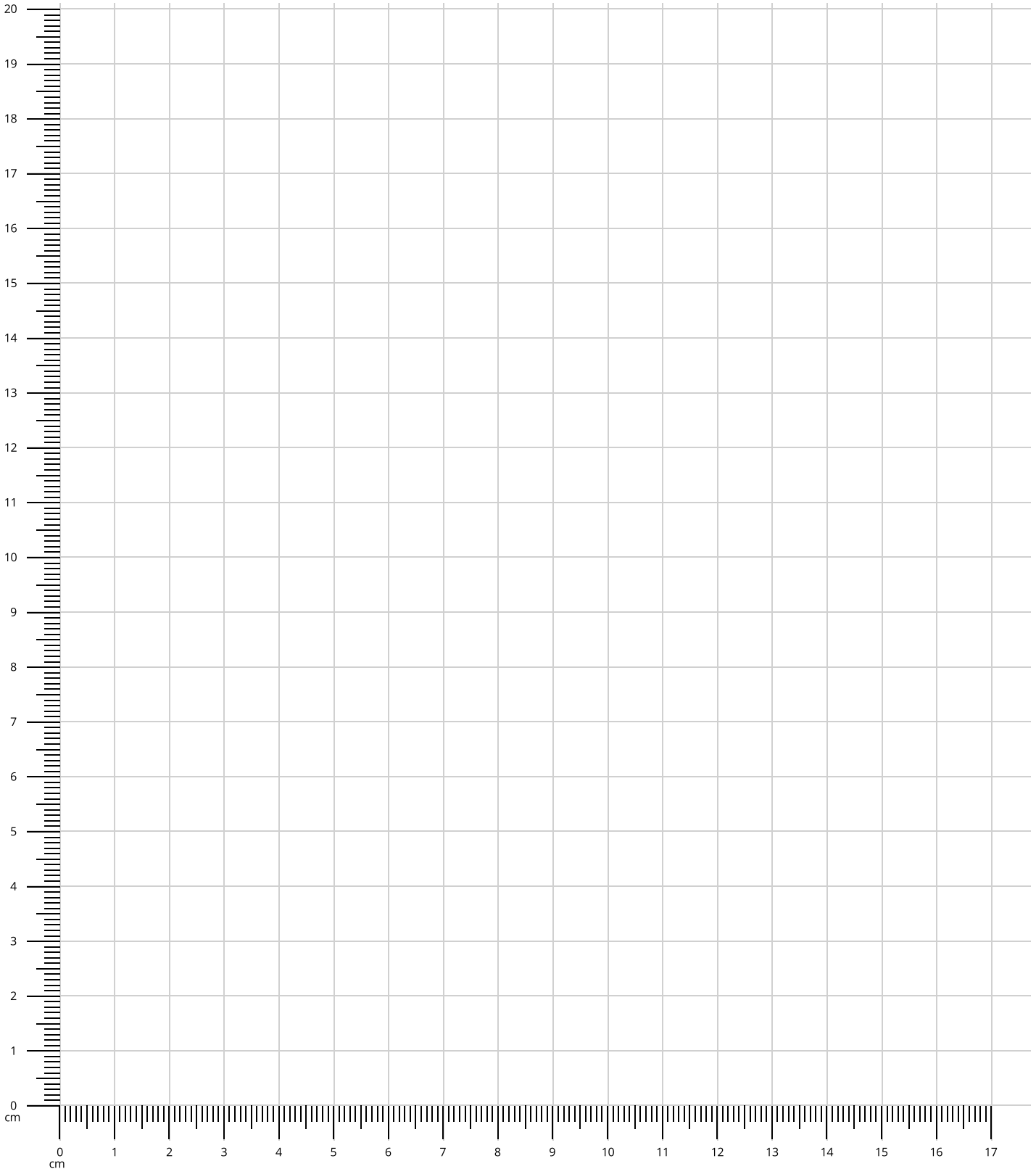
Left	Right
<input type="text"/>	<input type="text"/>





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