

ORDER FORM

Date: _____

Patient DetailsPatient 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><input type="checkbox"/> 2001 Sleeveless Vest</p>	 <p><input type="checkbox"/> 2002 Vest with 2 Short Sleeves</p>	 <p><input type="checkbox"/> 2003 Vest with 2 Long Sleeves</p>
 <p><input type="checkbox"/> 2005 Singlet Vest <i>(deep armholes & neckline)</i></p>	 <p><input type="checkbox"/> 2004 Vest - One Long Sleeve & One Short Sleeve</p> <p><input type="checkbox"/> Long Left, Short Right <input type="checkbox"/> Short Left, Long Right</p>	 <p><input type="checkbox"/> 2006 Vest Variation with One Sleeve</p> <p><input type="checkbox"/> Left Sleeve <input type="checkbox"/> Right Sleeve</p>

Note: Zipper closure included as standard at front or back of vest

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: _____

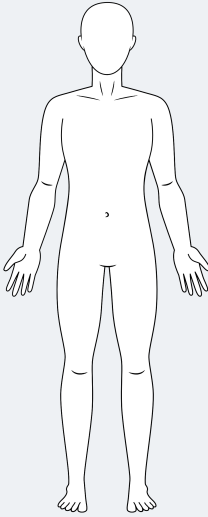
Garment 2 Colour

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

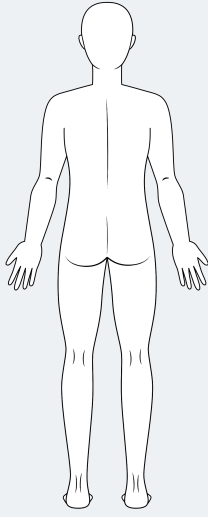
Add Motif | Code/Description: _____

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

Comments



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



Patient Name:

 Date:

 Therapist Name:

 DOB:

 Age:
Section 3: Select Your Optional Features
Closures

Type	<input type="checkbox"/> Zipper	<input type="checkbox"/> Velcro
Location	<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 Vests

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:

Vecro Tabs

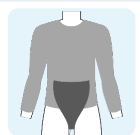
Set of 4 Velcro Tabs	60121	<input type="checkbox"/>
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(for attachment to lower limb garments)

Children

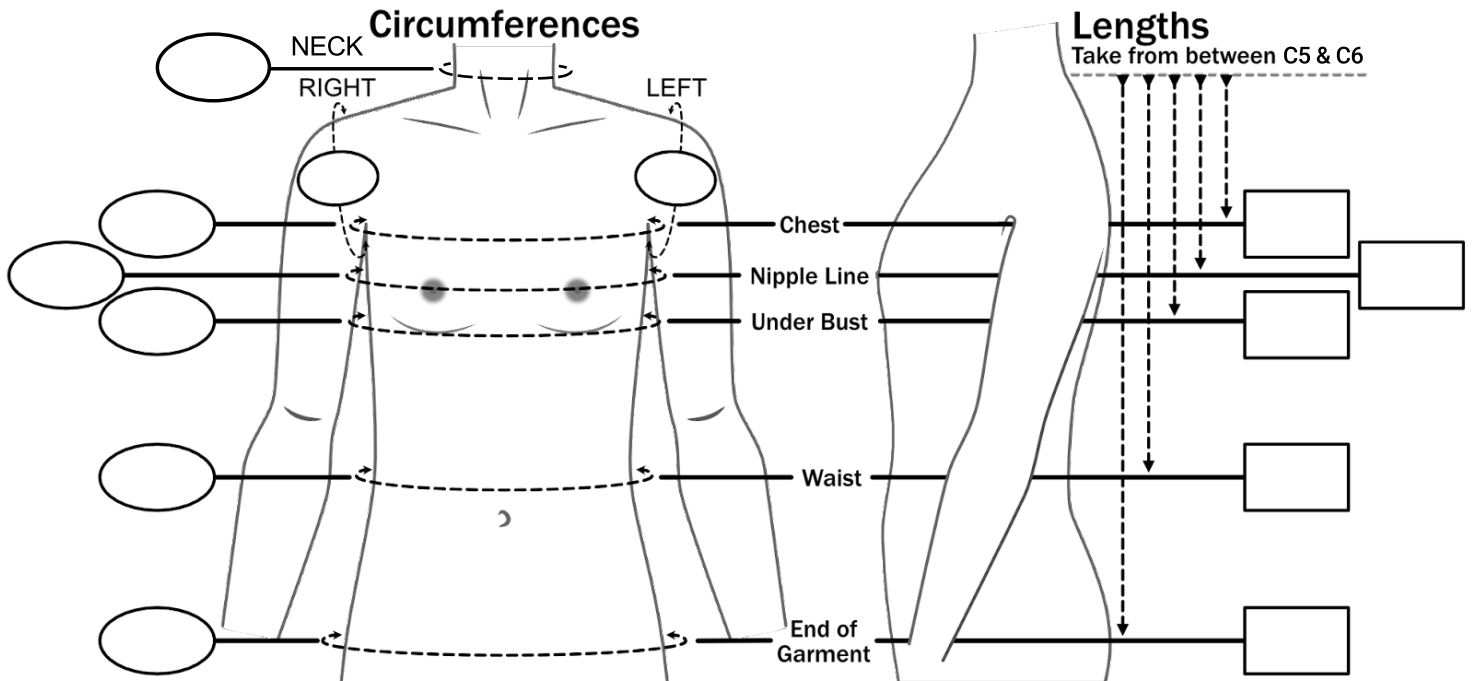
Nappy Strap Under 4 years	6017	<input type="checkbox"/>
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(incl. velcro attachment)



Comments

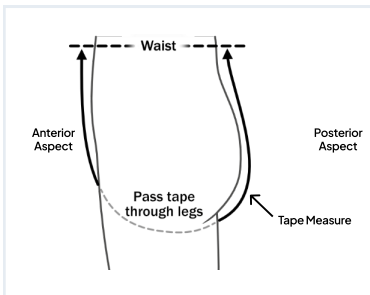
Body Measurements



All measurements must be take with patient in standing position

Arm Circumferences and Girth

Girth Measurement for Children's Nappy Strap



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

Girth: cm

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

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 asterix *

Left Elbow Crease

Position cm

Circumference cm

Right Elbow Crease

Position cm

Circumference cm

Axila End

Total Length of Garment

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