

Fields marked * are compulsory.

Ordering Authority _____ Order No _____

Address _____

Clients Name _____ D.O.B.* / / Child Adult Sex: M F

Measurement Date / / Certificate No/Name* _____ Tel No. _____

Delivery Address _____

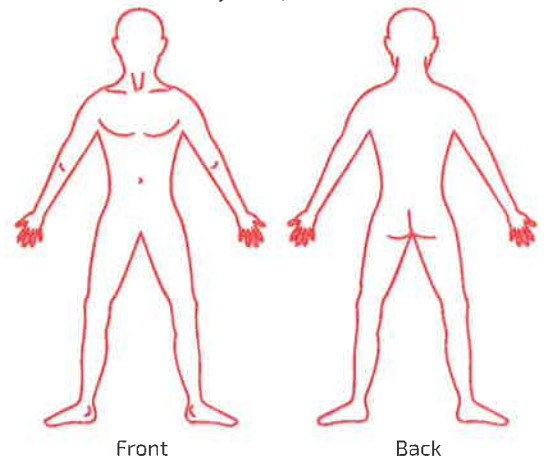
Current Client New Client Colour: Base: _____ Reinforcement: _____ Stitching: _____

Style of Orthoses:- (Please tick required style)

 <input type="checkbox"/> DM03	 <input type="checkbox"/> DM04	 <input type="checkbox"/> DM05	 <input type="checkbox"/> DM05	 <input type="checkbox"/> DM05	 <input type="checkbox"/> DM06	 <input type="checkbox"/> DM07	 <input type="checkbox"/> DM34	 <input type="checkbox"/> DM38
 <input type="checkbox"/> DM09	 <input type="checkbox"/> DM09	 <input type="checkbox"/> DM09	 <input type="checkbox"/> DM09	 <input type="checkbox"/> DM09	 <input type="checkbox"/> DM32	 <input type="checkbox"/> DM35	 <input type="checkbox"/> DM28	 <input type="checkbox"/> DM28
 <input type="checkbox"/> DM11	 <input type="checkbox"/> DM17	 <input type="checkbox"/> DM17	 <input type="checkbox"/> DM17	 <input type="checkbox"/> DM18	 <input type="checkbox"/> DM49	 <input type="checkbox"/> NSD100	 <input type="checkbox"/> DM37	 <input type="checkbox"/> DM33
 <input type="checkbox"/> DM29	 <input type="checkbox"/> DM40	 <input type="checkbox"/> DM41	 <input type="checkbox"/> DM42					

Additional Instructions:-
(Please write these below using codes from the manual for fastenings & reinforcements)

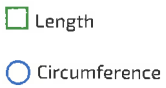
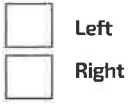
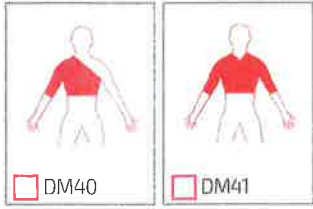
Other Orthosis Style:- (Please draw)



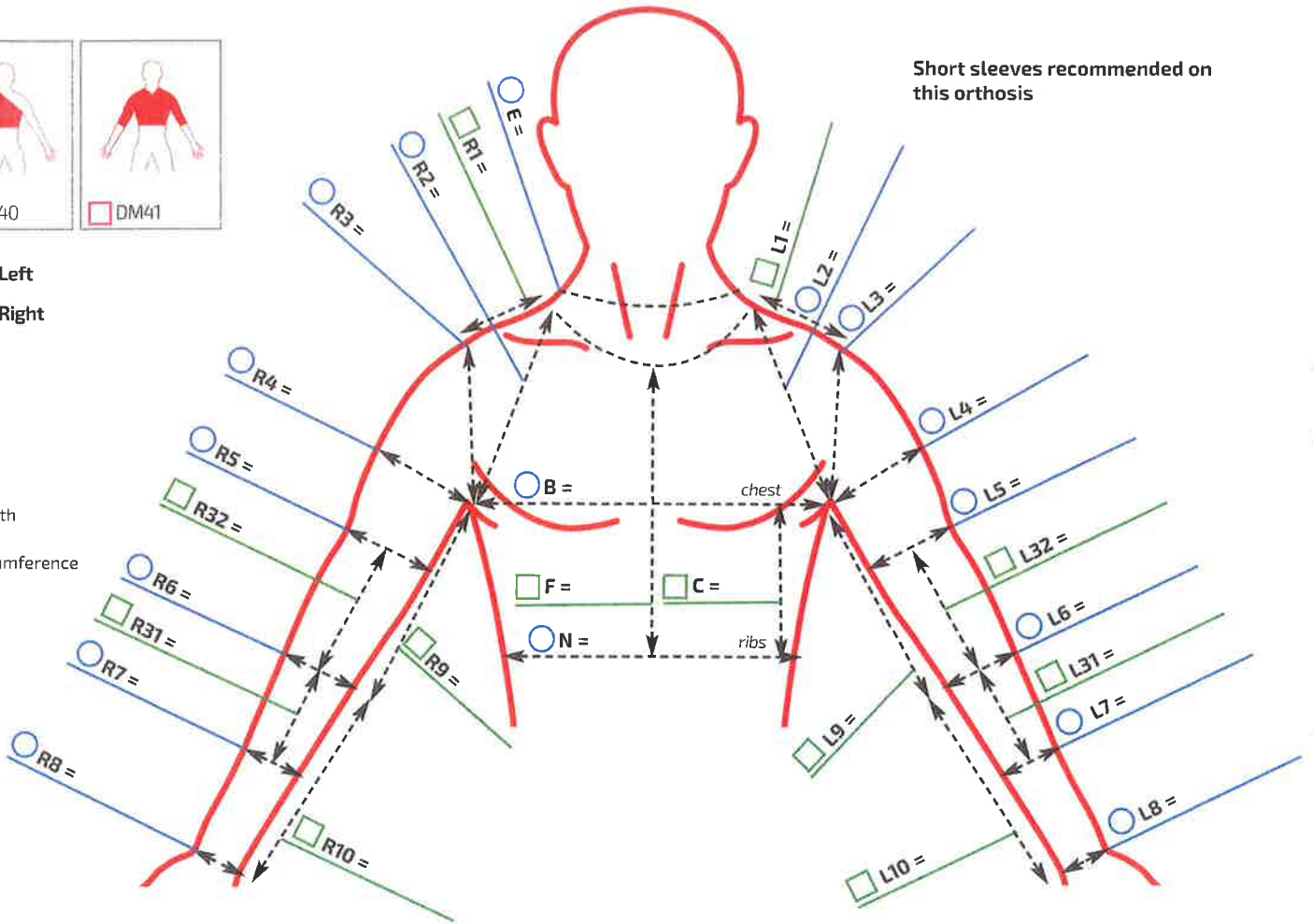
Shoulder Stability Orthosis Only

Client's Name:

Order No:



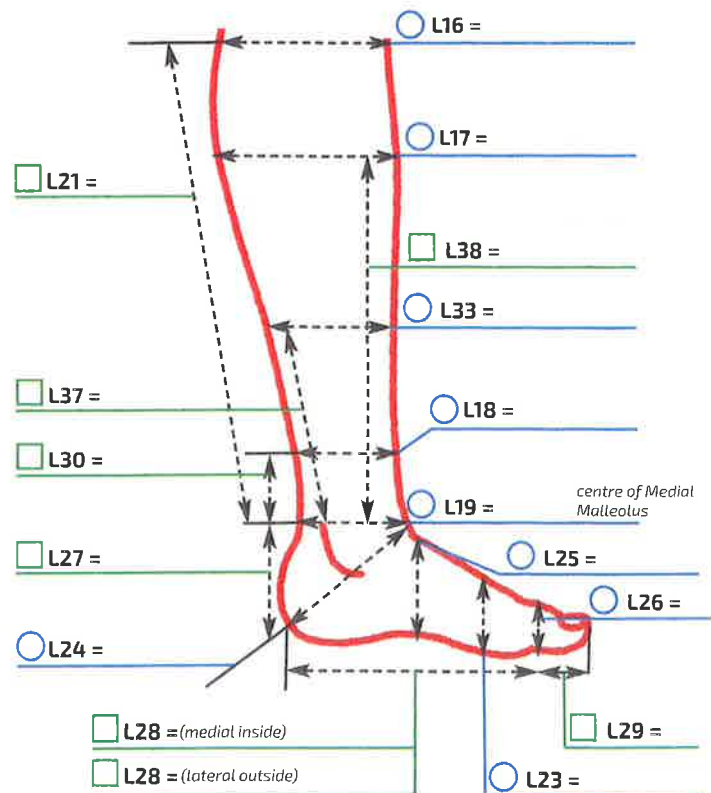
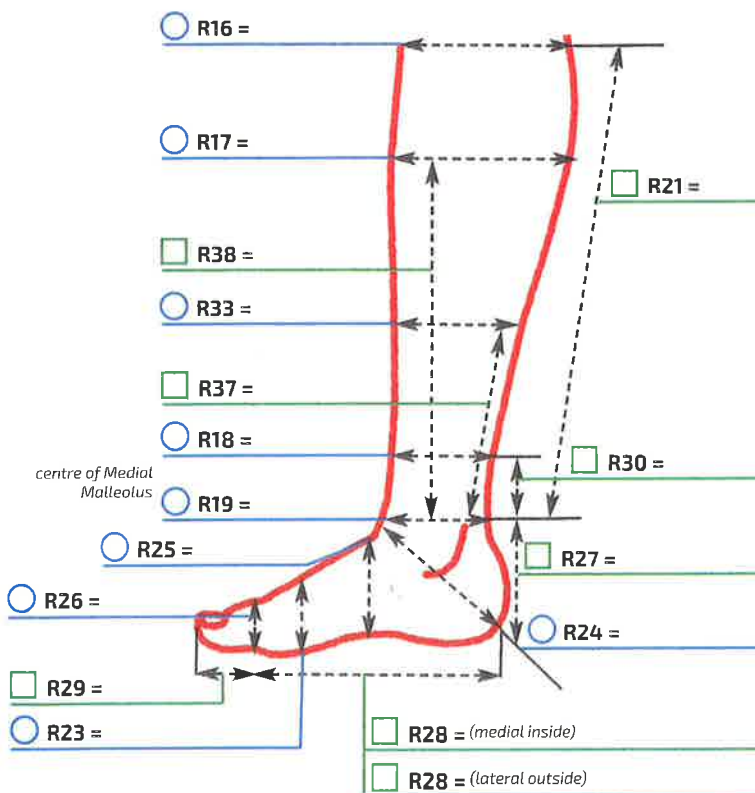
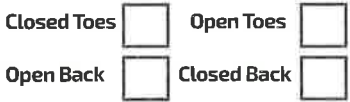
Short sleeves recommended on this orthosis



Sock

Client's Name:

Order No:



Bra Front only

TBS and TABS – extra Cost (DM08)

Bra Size	
Underbust Circ.	
Overbust Circ.	
Waist to Underbust	

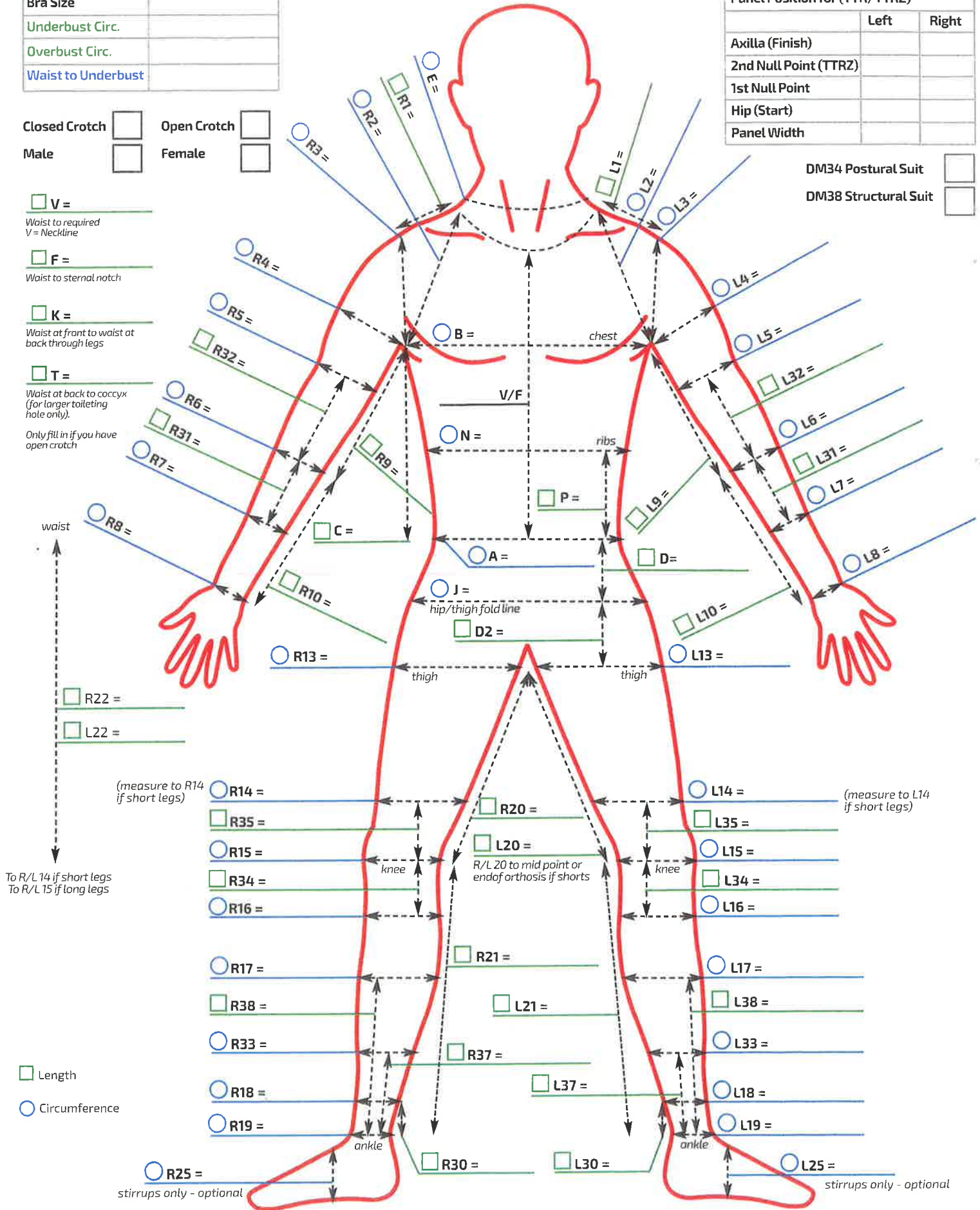
Closed Crotch Open Crotch
 Male Female

- V =**
Waist to required
V = Neckline
- F =**
Waist to sternal notch
- K =**
Waist at front to waist at
back through legs
- T =**
Waist at back to coccyx
(for larger toileting
hole only).
Only fill in if you have
open crotch

Scoliosis Suit only

Panel Position for (TTR/TTRZ)		
	Left	Right
Axilla (Finish)		
2nd Null Point (TTRZ)		
1st Null Point		
Hip (Start)		
Panel Width		

DM34 Postural Suit
 DM38 Structural Suit



waist
 R22 =
 L22 =
 (measure to R14 if short legs)
 (measure to L14 if short legs)
 To R/L 14 if short legs
 To R/L 15 if long legs

Length
 Circumference
 R25 =
 L25 =
 stirrups only - optional

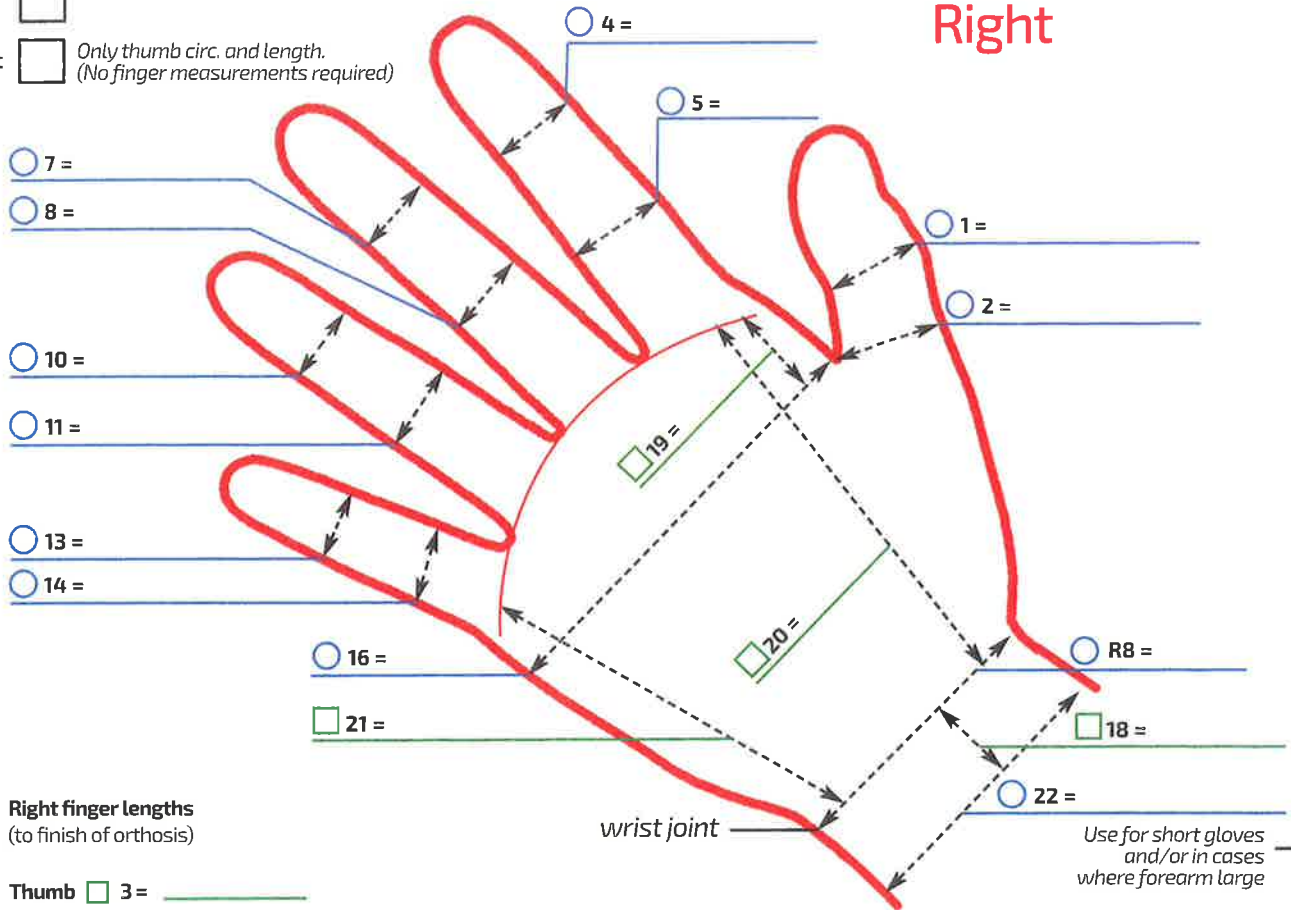
Glove/Sleeve/ Gauntlet

Client's Name: _____

Order No: _____

Glove
 Gauntlet Only thumb circ. and length.
 (No finger measurements required)

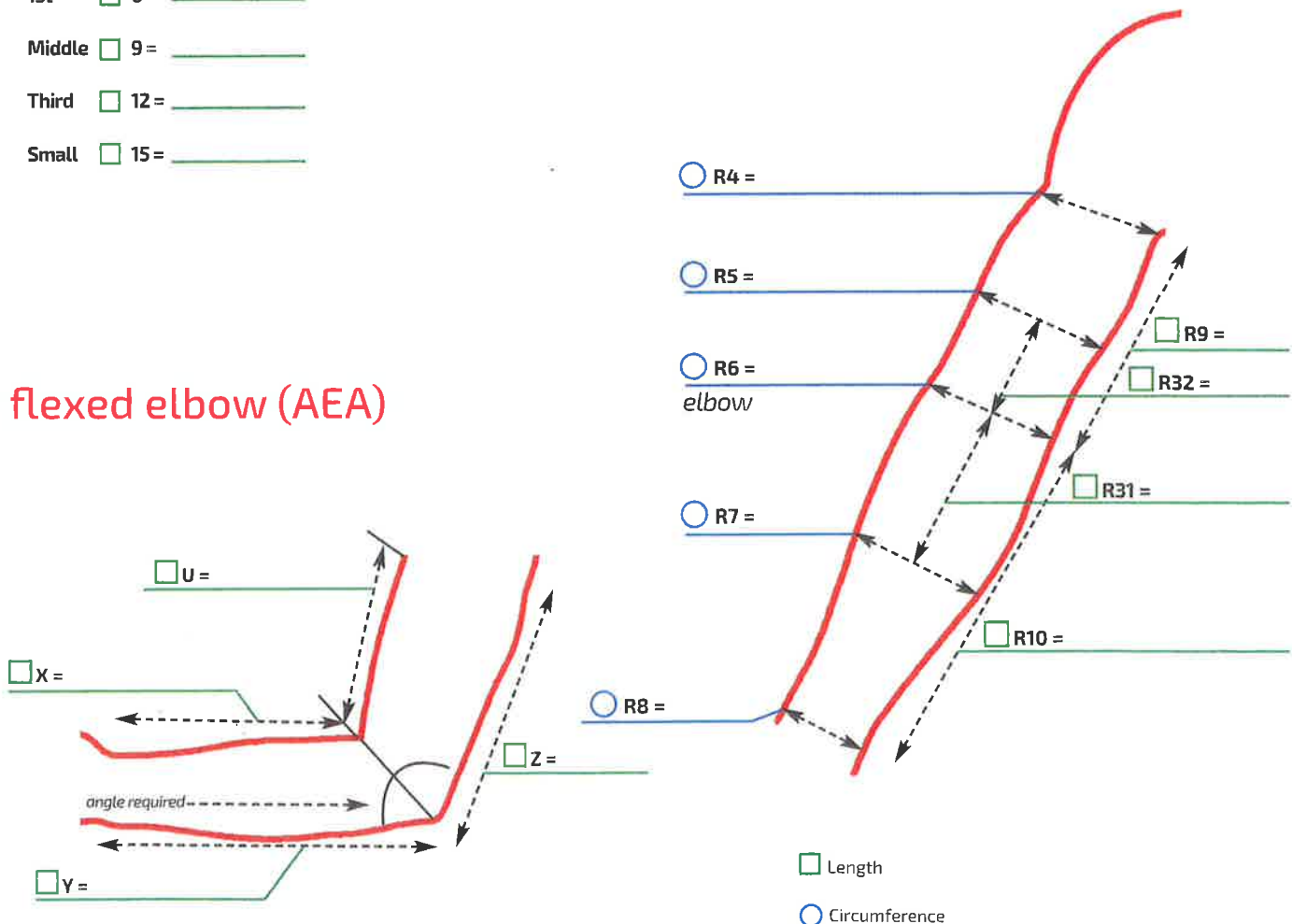
Right



Right finger lengths
 (to finish of orthosis)

- Thumb 3 = _____
- 1st 6 = _____
- Middle 9 = _____
- Third 12 = _____
- Small 15 = _____

For flexed elbow (AEA)



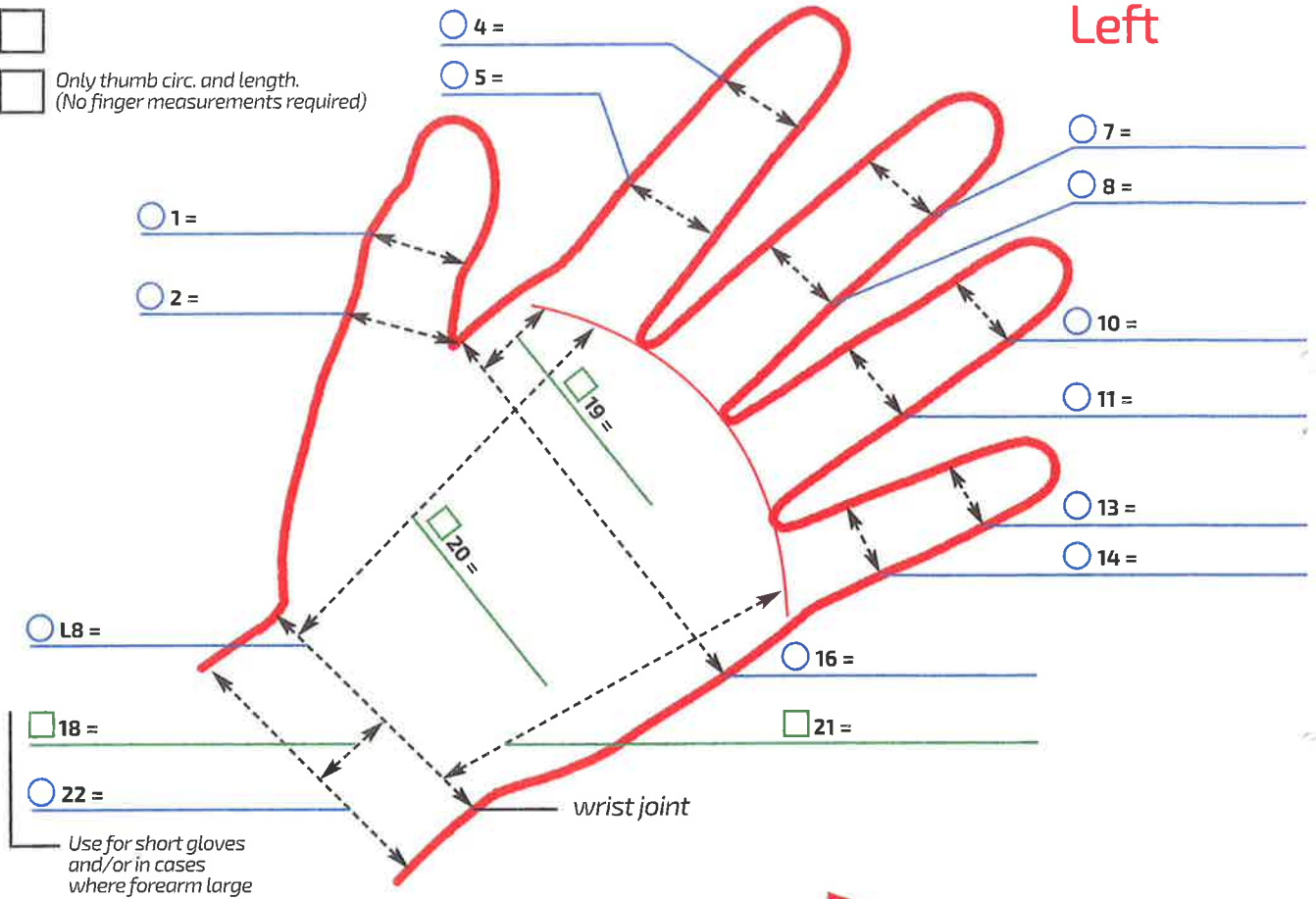
Glove/Sleeve/ Gauntlet

Client's Name: _____

Order No: _____

Glove

Gauntlet Only thumb circ. and length.
(No finger measurements required)



Left finger lengths (to finish of orthosis)

Thumb □ 3 = _____

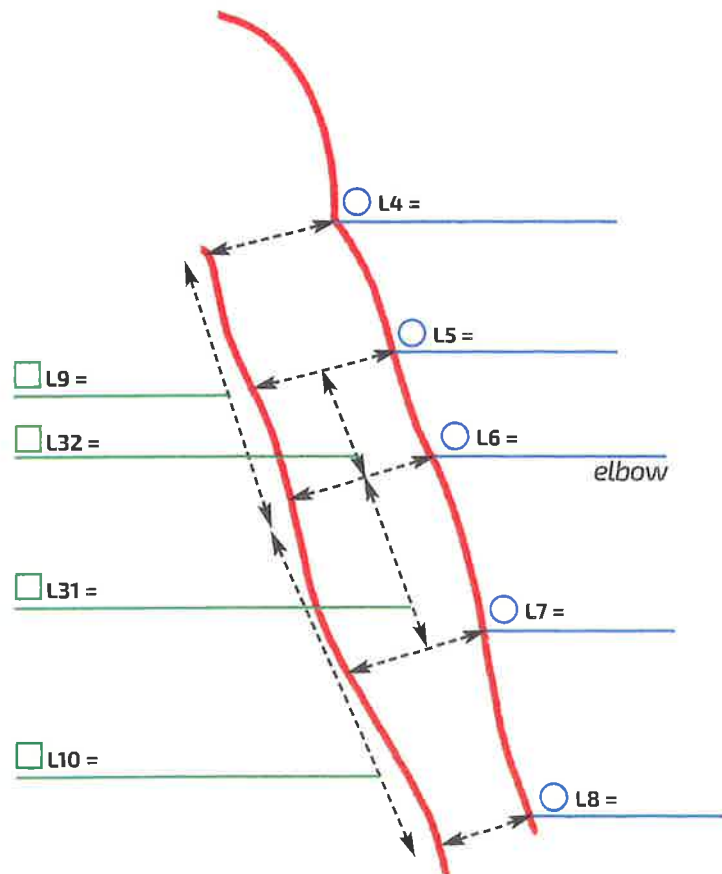
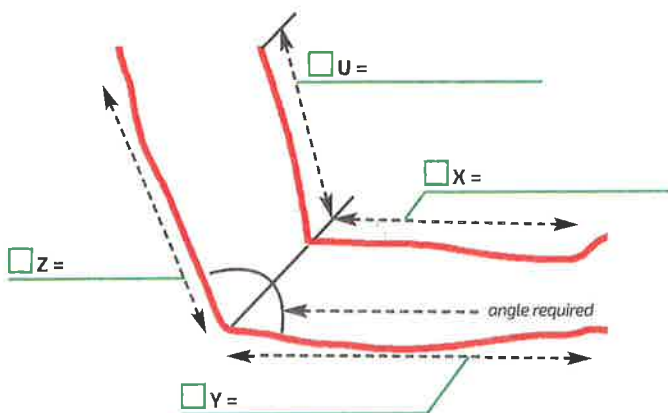
1st □ 6 = _____

Middle □ 9 = _____

Third □ 12 = _____

Small □ 15 = _____

For flexed elbow (AEA)



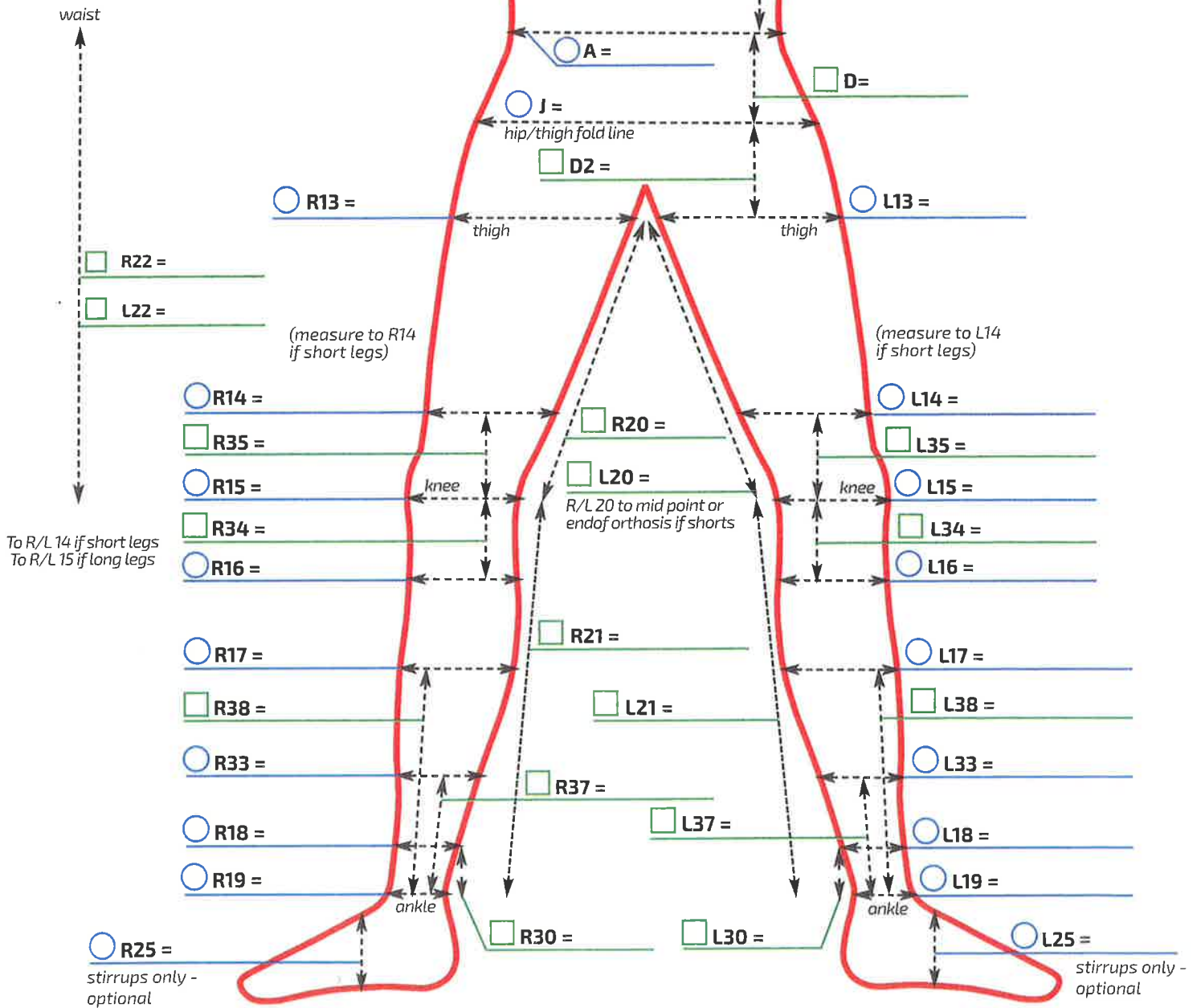
□ Length

○ Circumference

Closed Crotch Open Crotch
 Male Female

K =
 Waist at front to waist at back through legs

T =
 Waist at back to coccyx (for larger toileting hole only).
 Only fill in if you have open crotch



Length
 Circumference