



# Measuring Forms for Gloves, Gauntlets and Sleeves

## Patient details

Surname:
First name:
Date of birth: __ / __ / ____
Age:
Please indicate: Male Female
Date: __ / __ / 20__
Hospital/Clinic:

## Purchasers details

Address :
Post code:
Consultant:
Name:
Measured by: <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Orthotist <input type="checkbox"/> Jobskin
Hospital order number:
Contact phone number:

Type of SDO required	Quantity
Single arm sleeve With / Without attachment <small>(delete as appropriate)</small>	PCP06
Glove up to 4cm above wrist	PCP07
Glove up to elbow	PCP14
Gauntlet up to 4cm above wrist	PCP12
Gauntlet to below elbow	PCP13
Measuring session fee	PCP20

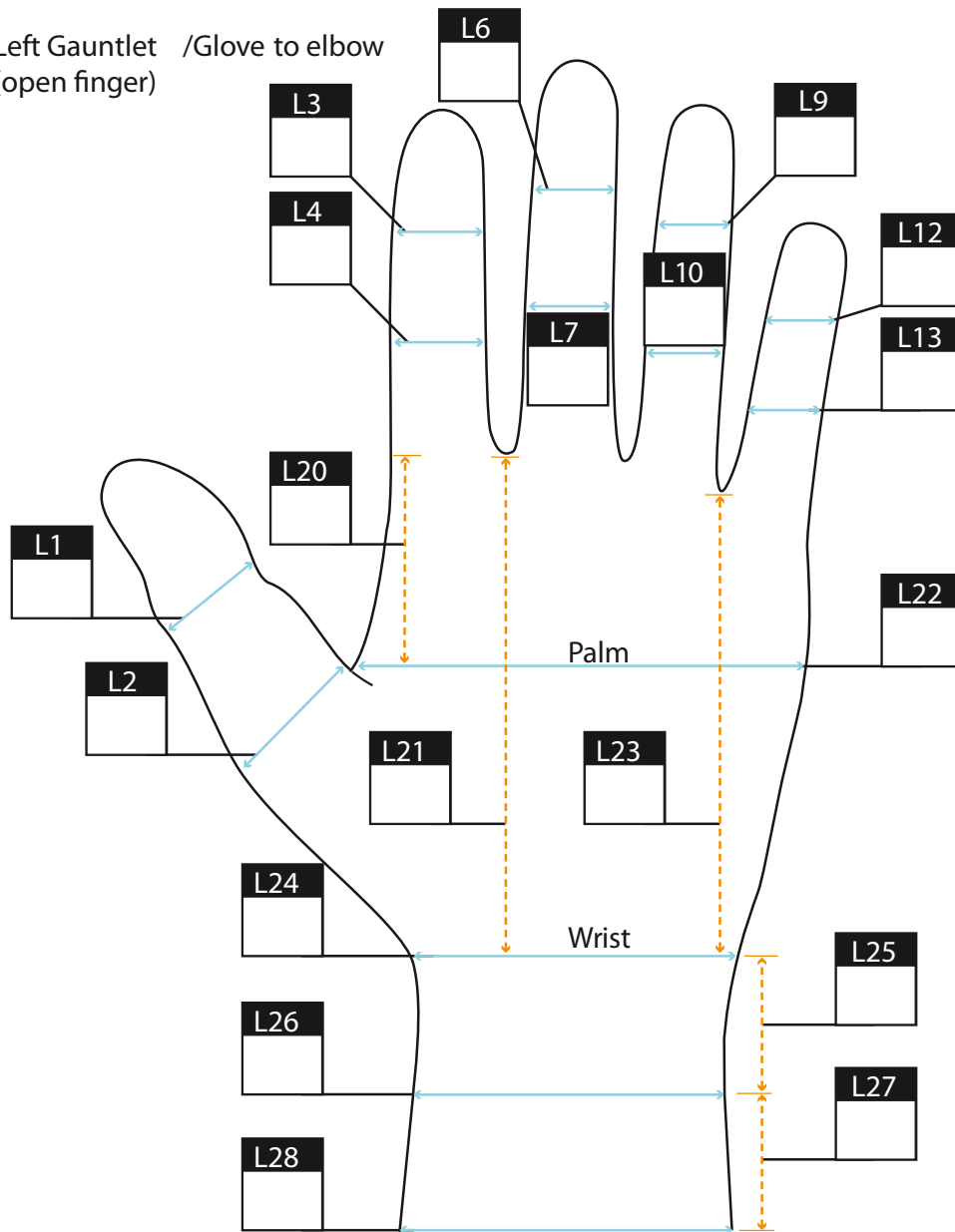
Other Information
Fabric colour <input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Purple <input type="checkbox"/> Navy Blue <input type="checkbox"/> Black
Reinforcement <input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Pastel Blue <input type="checkbox"/> Purple <input type="checkbox"/> Black
Silicone edging: Yes <input type="checkbox"/> No <input type="checkbox"/>
Silicone on palm: Yes <input type="checkbox"/> No <input type="checkbox"/>
Thread colour <input type="checkbox"/> Beige <input type="checkbox"/> White <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Pastel Blue <input type="checkbox"/> Mint Green <input type="checkbox"/> Bright Pink <input type="checkbox"/> Red <input type="checkbox"/> Purple <input type="checkbox"/> Denim Blue <input type="checkbox"/> Green <input type="checkbox"/> Black
Zips Sleeves: <input type="checkbox"/> Full length <input type="checkbox"/> Back <input type="checkbox"/> Ulnar side <input type="checkbox"/> Below elbow <input type="checkbox"/> Mid forearm <input type="checkbox"/> Open
Motif number: Position:
First SDO: <input type="checkbox"/> Yes <input type="checkbox"/> No
Tick here if extra reinforcements are required <input type="checkbox"/>
Enter reinforcement codes:
See Page 4 Standard panel: UL1 Tick if not required: <input type="checkbox"/>

Delivery address if different from purchasers:
Post code:

Patient Name:

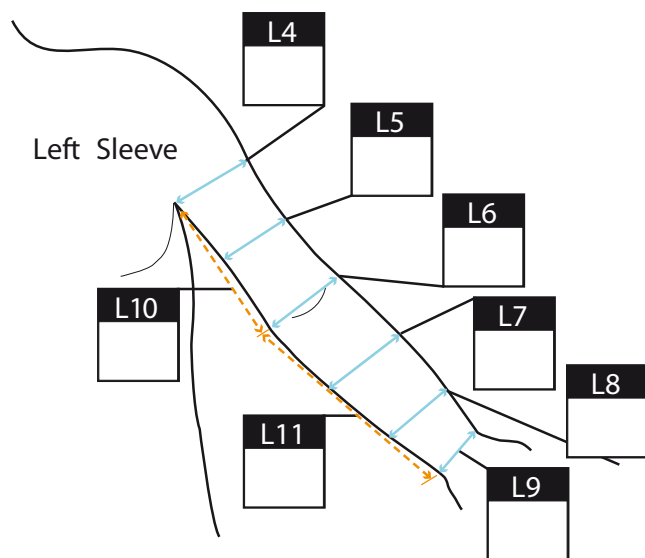
Date of assessment:

Left Gauntlet /Glove to elbow  
(open finger)

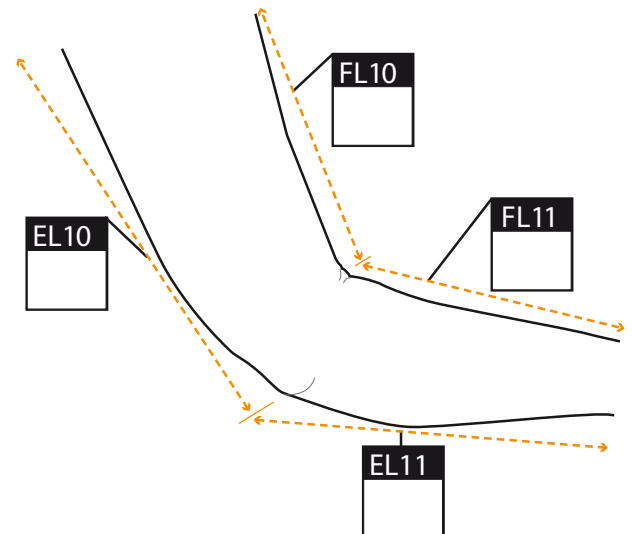


Finger length Left Hand	cm
15: Thumb	
16: Index finger	
17: Middle finger	
18: 3rd Ring finger	
19: Little finger	

For office use only

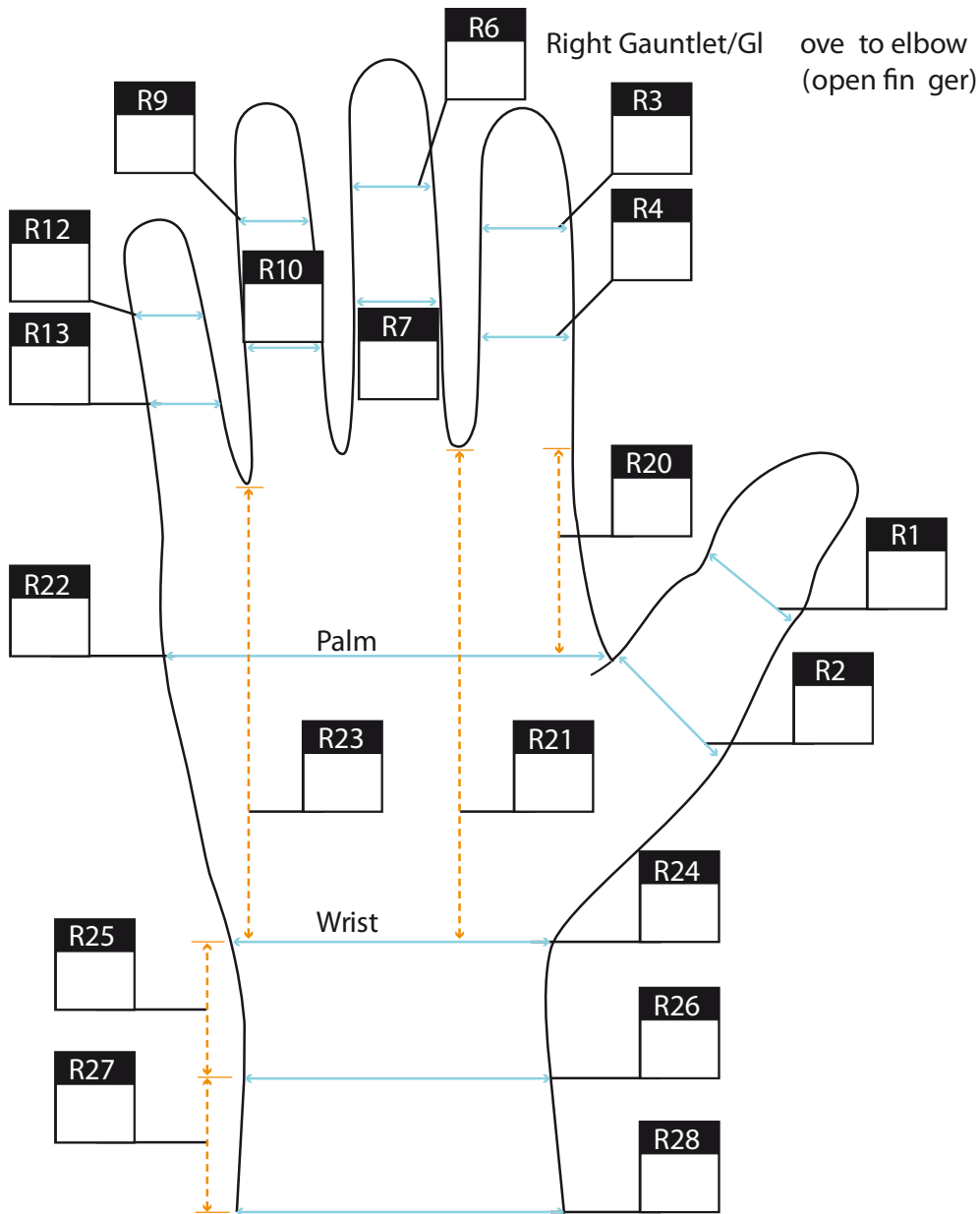


For use if elbow con traction



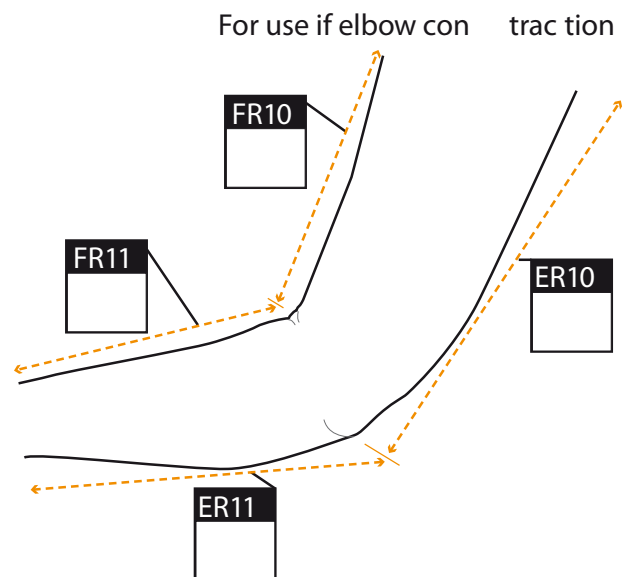
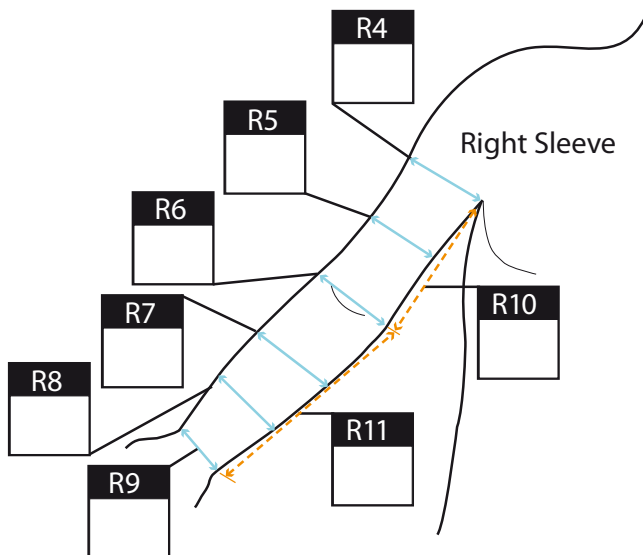
Patient Name:

Date of assessment:

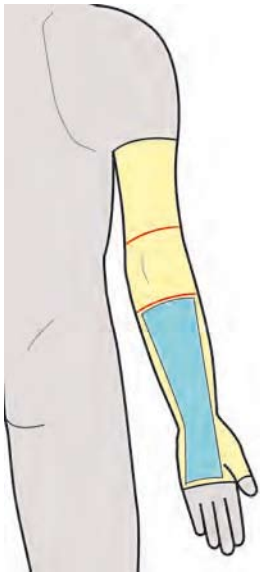


Finger length Right Hand	cm
15: Thumb	
16: Index finger	
17: Middle finger	
18: 3rd Ring finger	
19: Little finger	

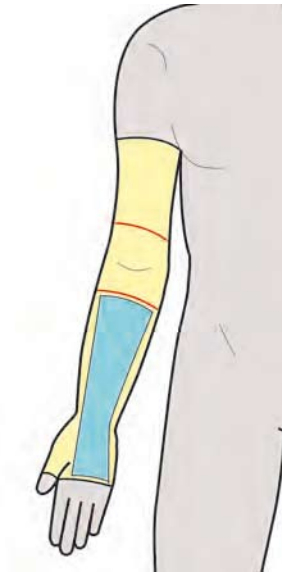
For office use only



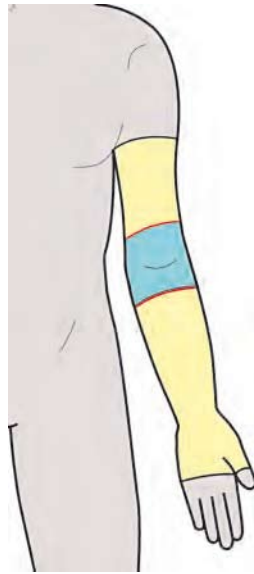
# Reinforcement Codes



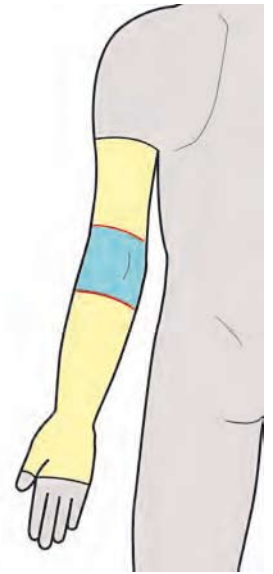
Dorsal Wrist Panel  
Code: UL1



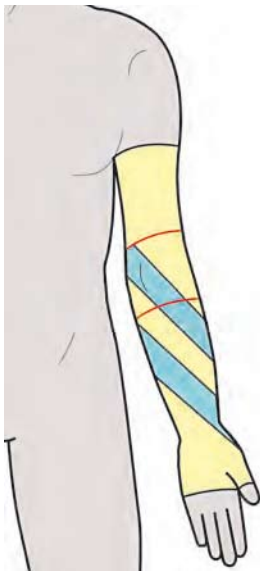
Volar Wrist Panel  
Code: UL2



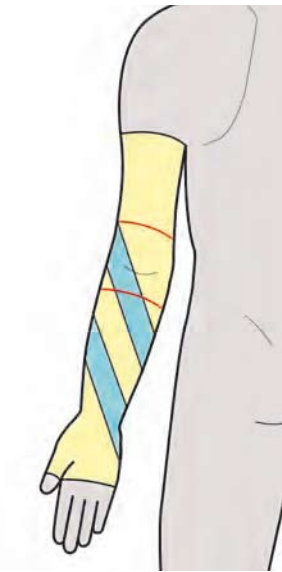
Anterior Elbow Panel  
Code: UL3



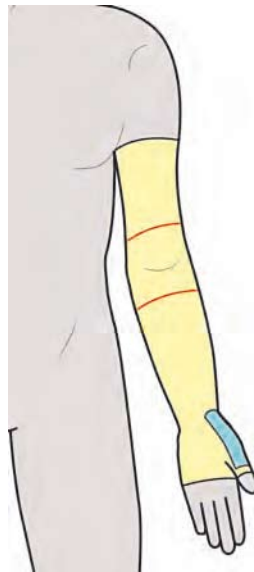
Posterior Elbow Panel  
Code: UL4



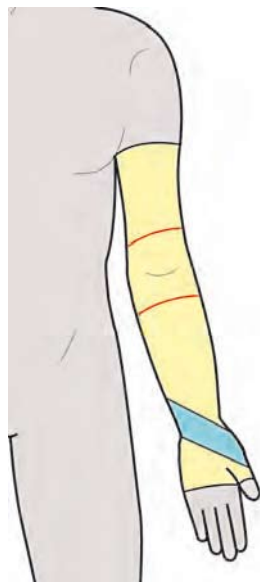
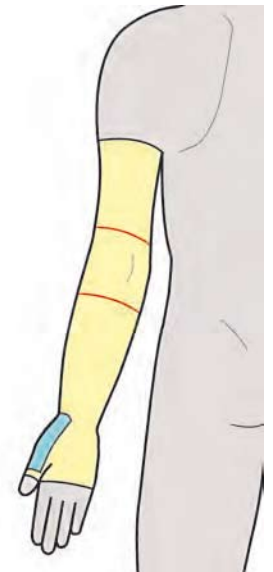
Posterior Spiral Forearm  
Panel Code: UL5



Anterior Spiral Forearm  
Panel Code: UL6



Thumb Panel  
Code: UL7



Diagonal Wrist Panel  
Code: UL8