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Measuring Forms for Socks

Patient details

Surname:
First name:
Date of birth: __ / __ / ____ Age:
Diagnosis:
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
Sock up to 5cm above ankle	PCP08
Below knee sock	PCP09
Measuring session fee	PCP20

Ankle seam angle:
<input type="checkbox"/> 45° (standard)
<input type="checkbox"/> 90°

Delivery address if different from purchasers:
Post code:

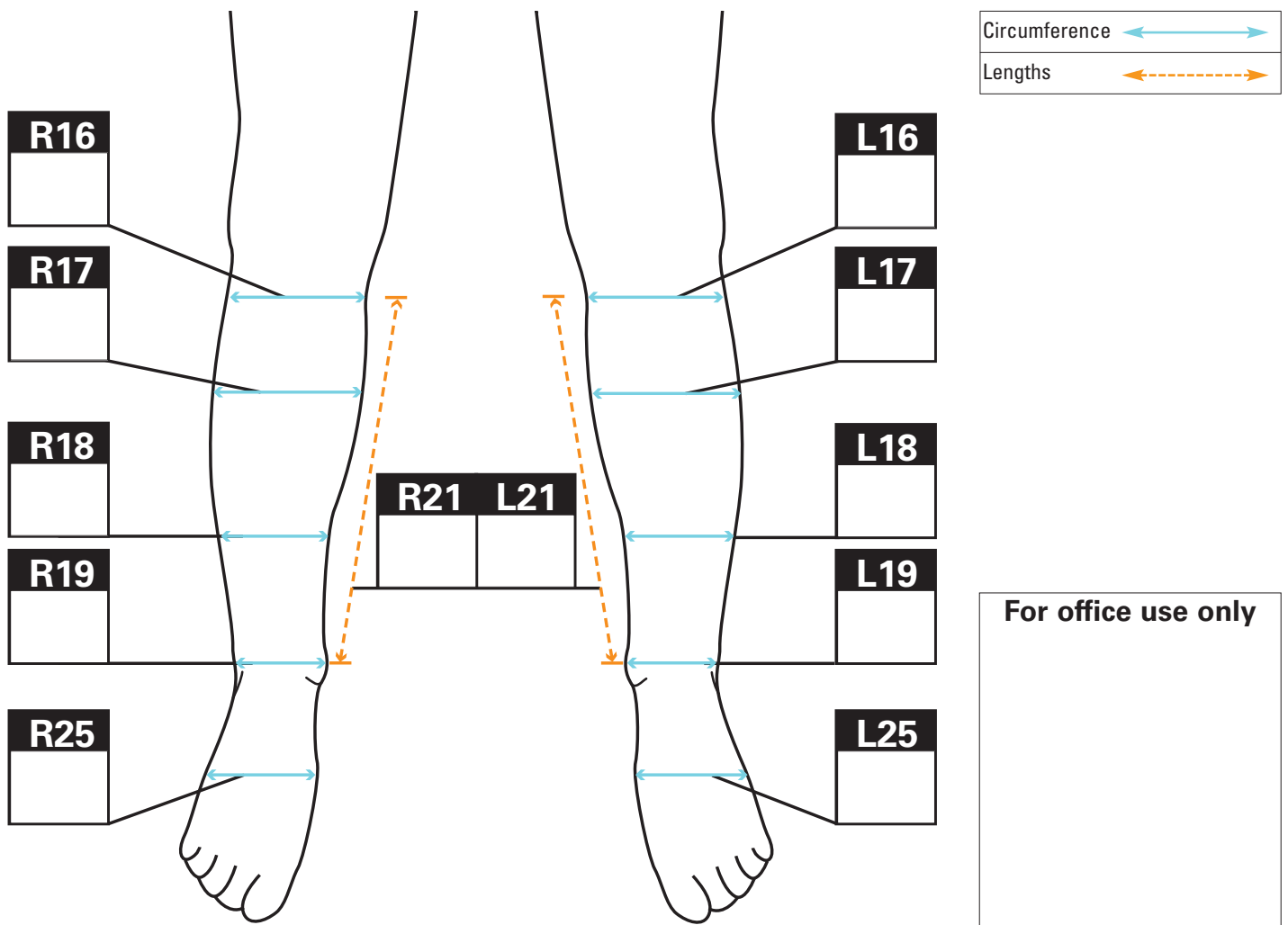
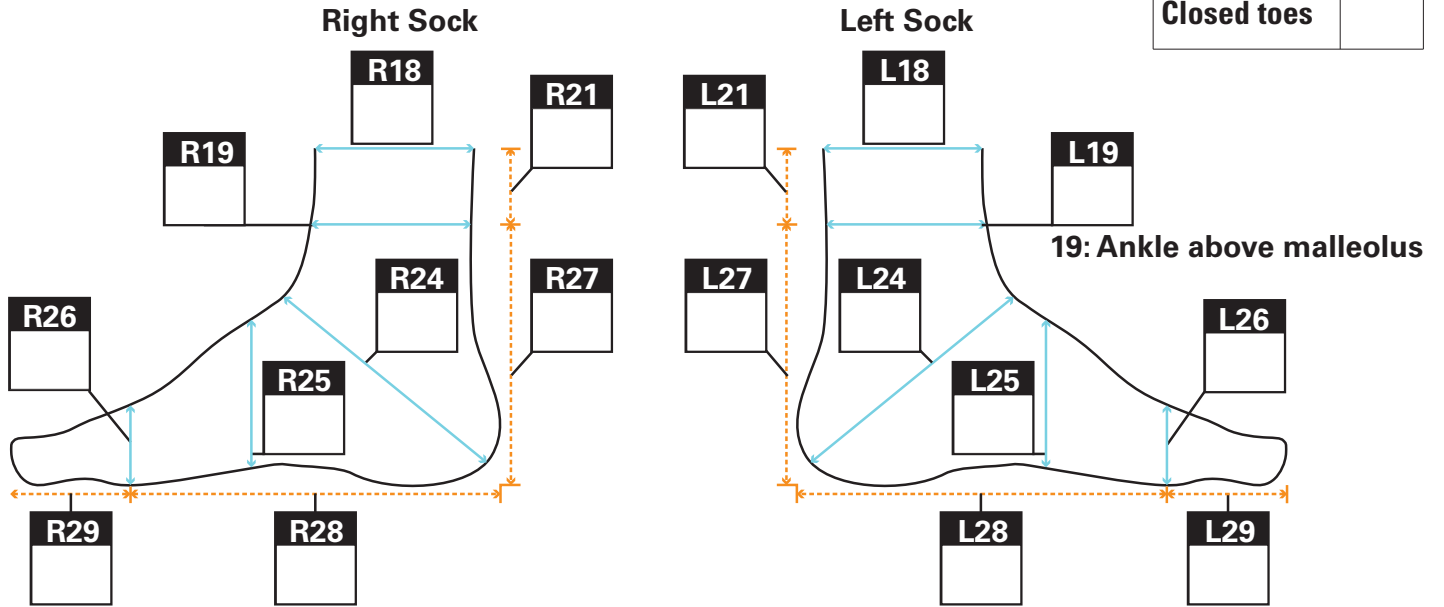
Other Information	
Fabric colour	
<input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Purple <input type="checkbox"/> Navy Blue <input type="checkbox"/> Black	
Reinforcement	
<input type="checkbox"/> White <input type="checkbox"/> 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"/>	
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	
Leg: <input type="checkbox"/> Back <input type="checkbox"/> Front <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Open	
Motif number:	Position:
First SDO:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tick here if reinforcements are required <input type="checkbox"/>	
See page 3. Enter reinforcement codes:	

Patient Name:

Date of assessment:

Please indicate

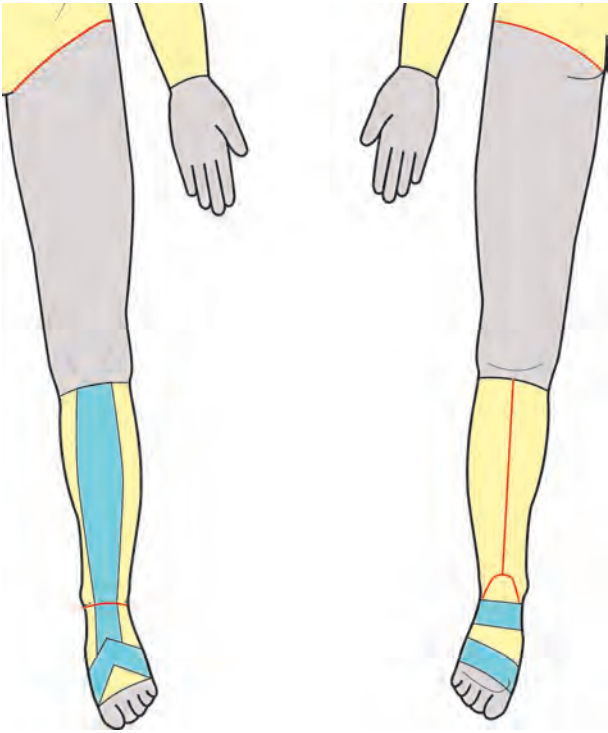
Open toes	
Closed toes	



Reinforcement Codes

Anterior view

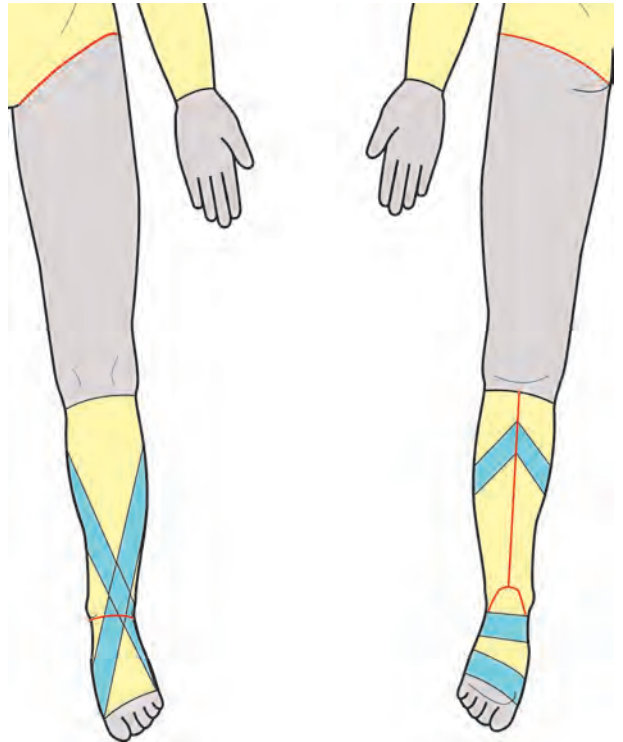
Plantar view



Lower Leg Central Panel Code: LL1

Anterior view

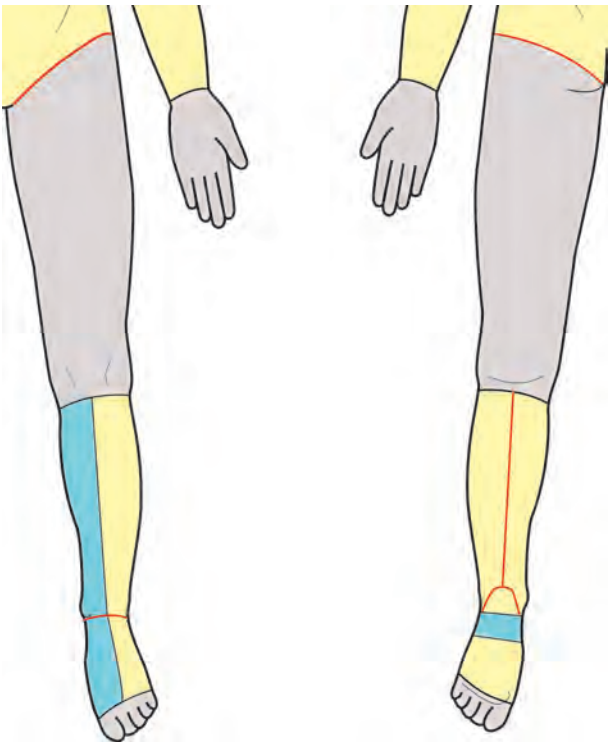
Posterior and
Plantar view



Lower Leg Cross Panel Code: LL2

Anterior view

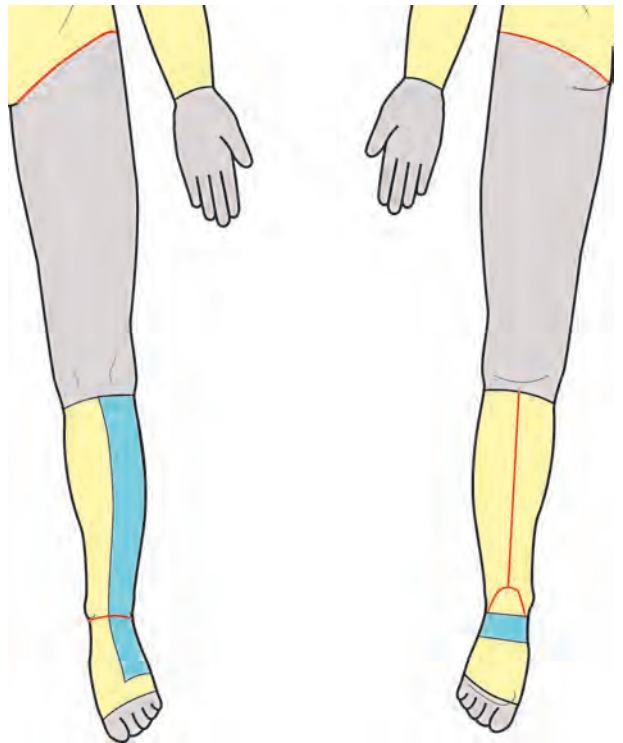
Plantar view



Lower Leg Medial Panel Code: LL3

Anterior view

Plantar view



Lower Leg Lateral Panel Code: LL4

Patient Name:

Date of assessment:

Please write or draw any additional information that will be useful for garment design:

Blank area for writing or drawing additional information for garment design.