

Measuring Forms for Gloves, Gauntlets and Sleeves

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
Hospital order number:
Contact phone number:

Type of DRO required	Quantity
Single arm sleeve	PCP06
With / Without attachment (delete as appropriate)	
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

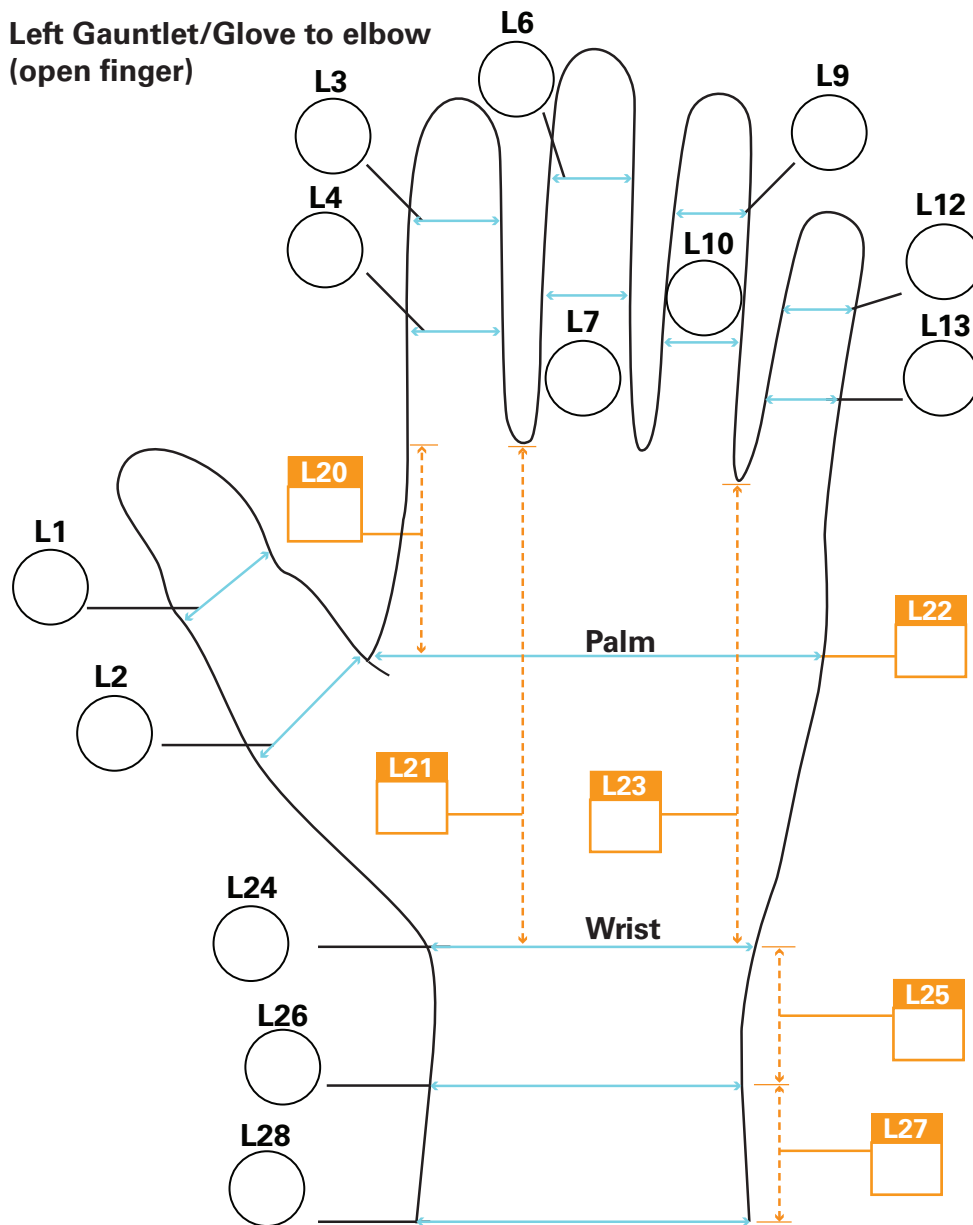
Other Information	
Fabric colour	
<input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Navy Blue <input type="checkbox"/> Black	
Reinforcement	
<input type="checkbox"/> White <input type="checkbox"/> Beige <input type="checkbox"/> Pastel Pink <input type="checkbox"/> Pastel Blue <input type="checkbox"/> 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"/> Orange <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	
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	
Gloves: <input type="checkbox"/> Back <input type="checkbox"/> Ulnar side	
Gauntlets: <input type="checkbox"/> Back <input type="checkbox"/> Ulnar side <input type="checkbox"/> Closed <input type="checkbox"/> Open	
Motif number:	Position:
First DRO:	
<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:

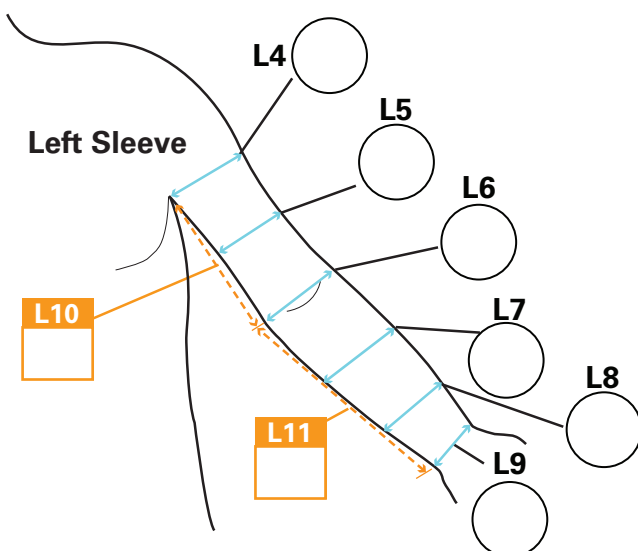
**Left Gauntlet/Glove to elbow
(open finger)**



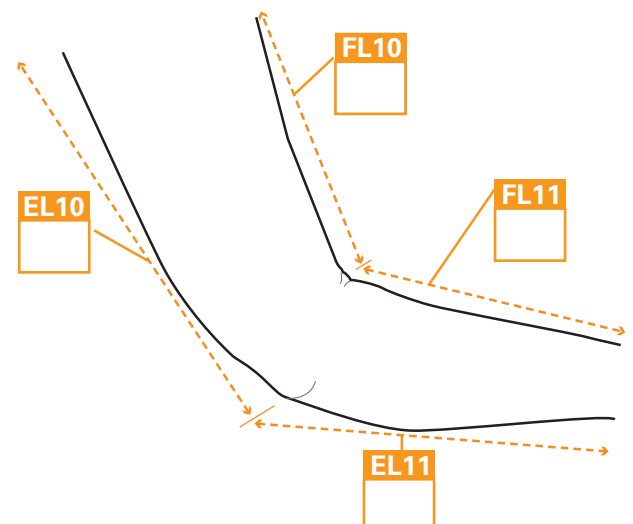
Circumference 
Lengths 

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

For office use only

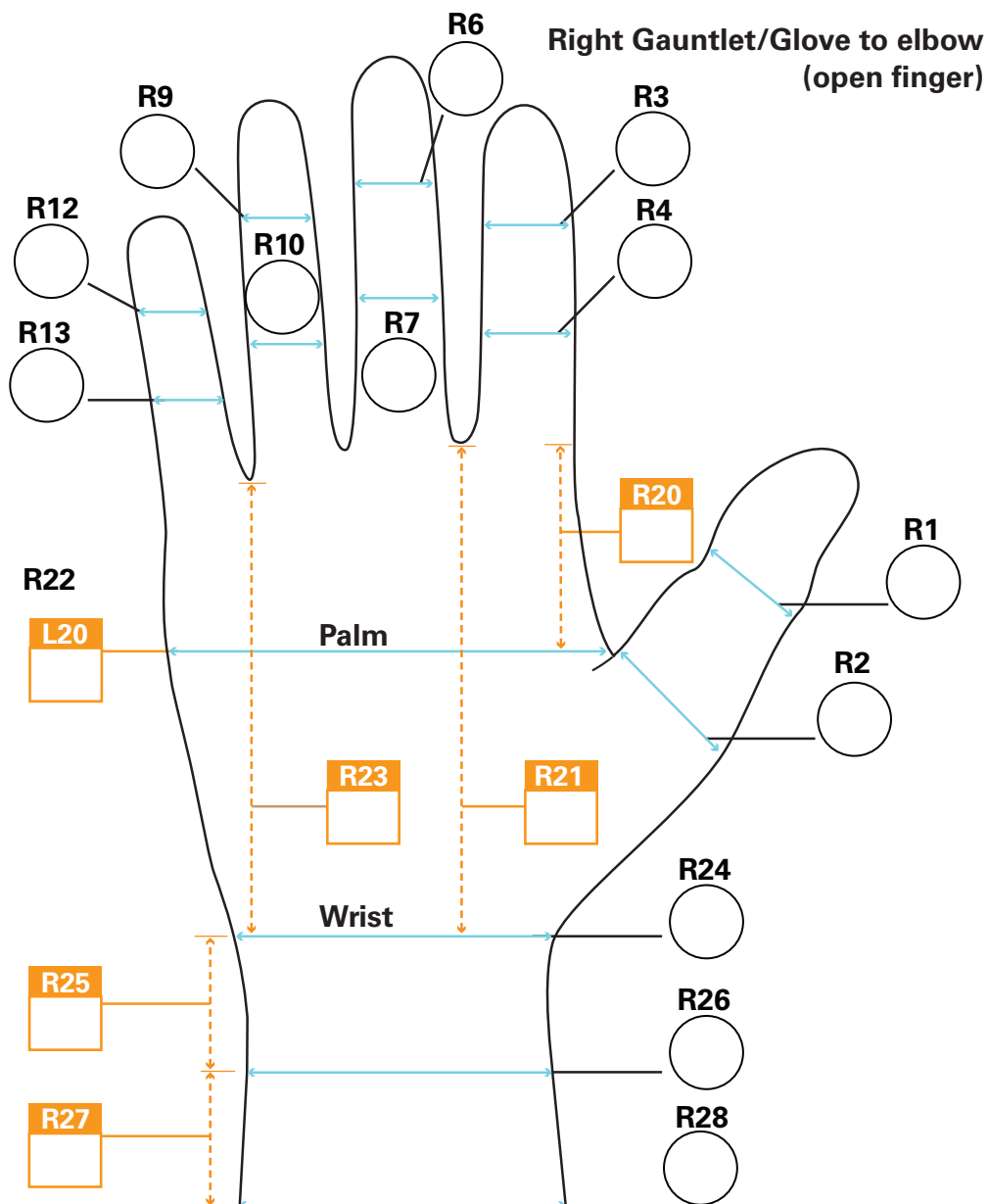


For use if elbow contraction



Patient Name:

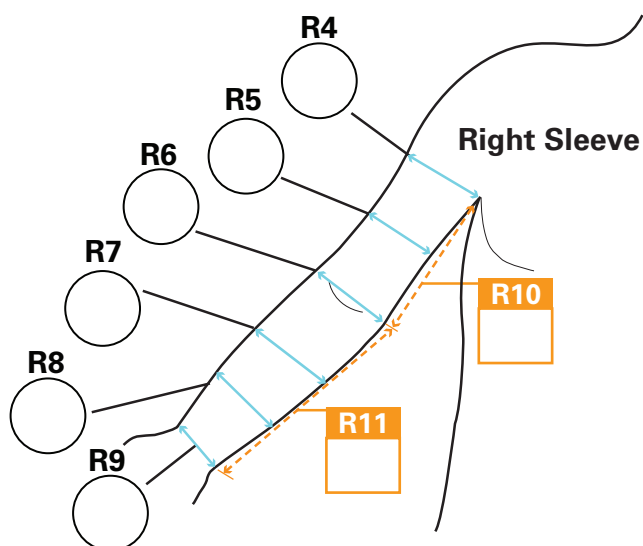
Date of assessment:



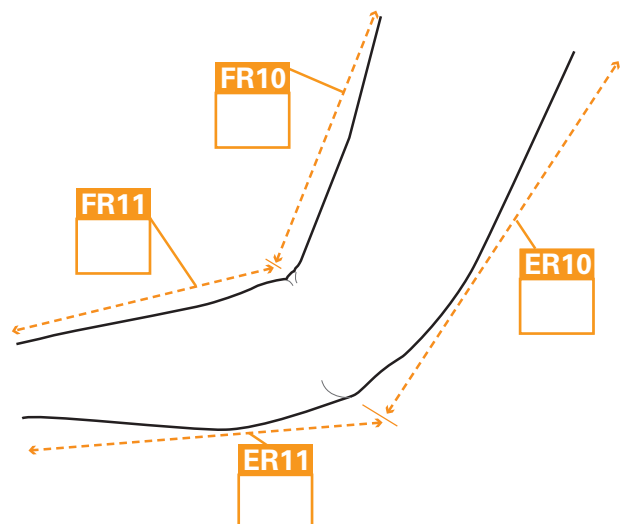
Circumference	
Lengths	

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

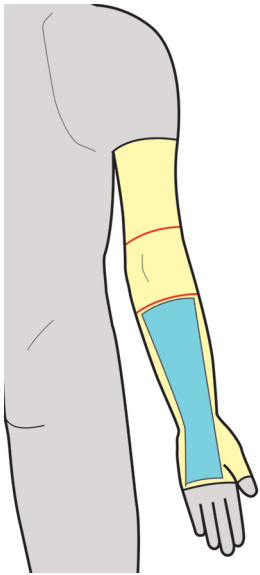
For office use only



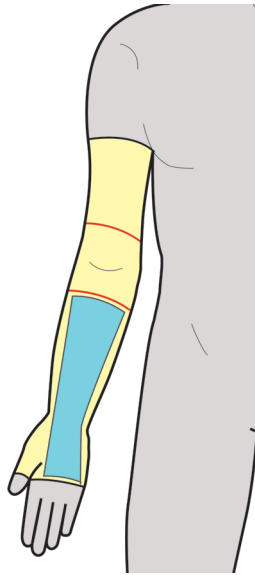
For use if elbow contraction



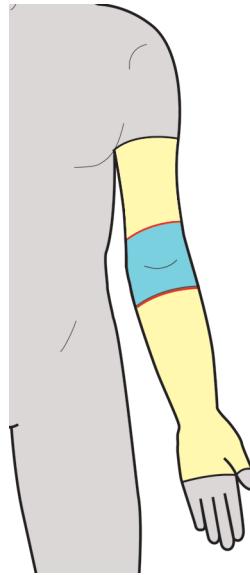
Reinforcement Codes



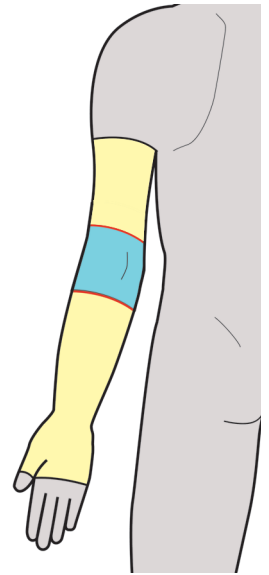
Dorsal Wrist Panel
Code: UL1



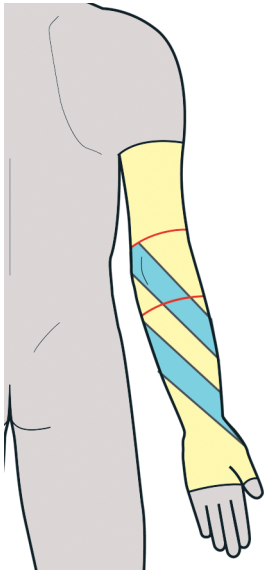
Volar Wrist Panel
Code: UL2



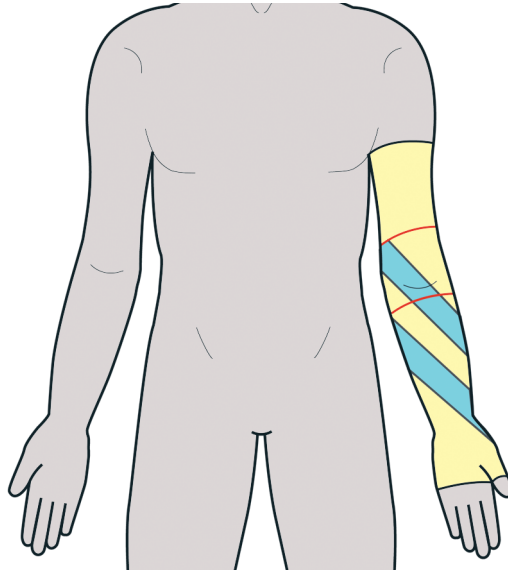
Anterior Elbow Panel
Code: UL3



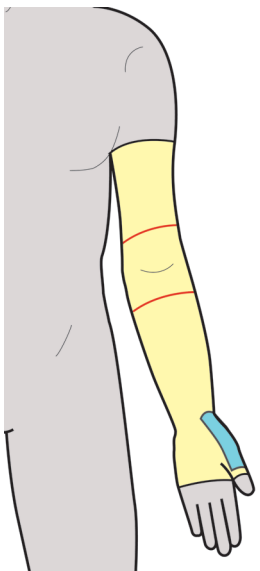
Posterior Elbow Panel
Code: UL4



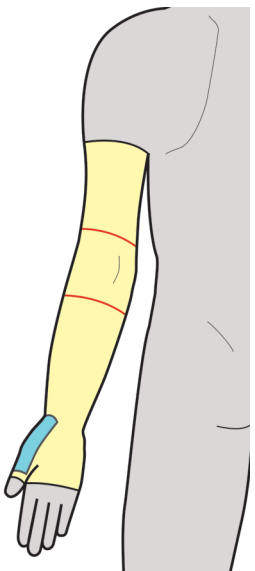
Posterior Spiral Forearm
Panel Code: UL5



Anterior Spiral Forearm
Panel Code: UL6



Thumb Panel
Code: UL7



Diagonal Wrist Panel
Code: UL8

