

Measuring Forms for Suit, Vest, Leotard and Pants

Patient details

Surname:	
First name:	
Date of birth: __ / __ / ____	Age:
Diagnosis:	
Please indicate: Male Female	
Date: __ / __ / 2 0 __	
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
Vest / Leotard (delete as appropriate) No sleeves	PCP01
Vest / Leotard (delete as appropriate) Short sleeves / Long sleeves (delete as appropriate) Velcro tabs to attach to pants Yes / No (delete as appropriate)	PCP02
Suit Short leg No sleeves	PCP03
Suit Long leg No sleeves	PCP04
Suit Short sleeves / Long sleeves (delete as appropriate) Short legs / Long Legs (delete as appropriate)	PCP05
Pants Zipper fly / No fly (delete as appropriate) Short leg / Long leg (delete as appropriate) Open crotch / Closed crotch (delete as appropriate)	PCP15
Trunk stabilising belt	PCP19
Measuring session fee	PCP20

Delivery address if different from purchasers:
Post code:

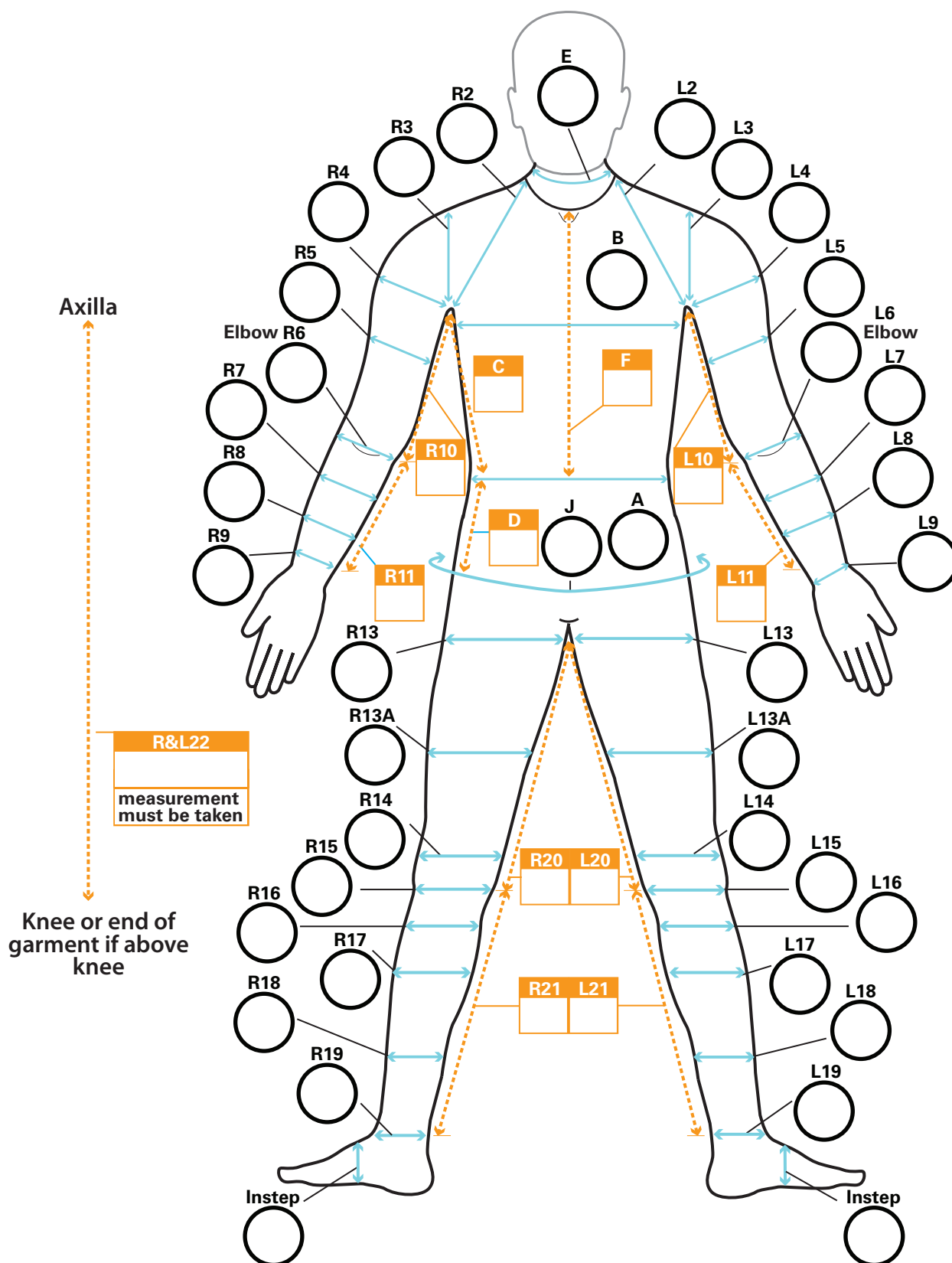
Other Information

Wears AFO's:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gastrostomy site:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hole required:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If required, please mark position at first fitting only			
Zips for Vest, Leotard and Suits			
Front:	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	<input type="checkbox"/> Upside down <input type="checkbox"/> No zip
Back:	<input type="checkbox"/> Closed	<input type="checkbox"/> Open	<input type="checkbox"/> Upside down <input type="checkbox"/> No zip
Crotch:	<input type="checkbox"/> (short leg only)		Inside leg: <input type="checkbox"/> (short leg only)
Outside leg: <input type="checkbox"/> (short leg only)			
Sleeves: <input type="checkbox"/> Full length <input type="checkbox"/> Back <input type="checkbox"/> Ulnar side <input type="checkbox"/> Mid forearm			
<input type="checkbox"/> Open	Leg:	<input type="checkbox"/> Back <input type="checkbox"/> Front <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Open	
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
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	<input type="checkbox"/> Orange		
Motif number:		Position:	
First DRO:			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Tick here if extra reinforcements are required and complete page 3 <input type="checkbox"/>			
Tick here if special instructions are required and complete page 3 <input type="checkbox"/>			

Patient Name:

Date of assessment:

Circumference		
Lengths		



Important: For PCP03, PCP04 and PCP05

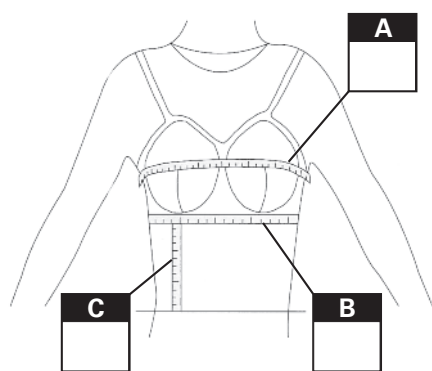
Measurement R&L 22 must be taken to process your order

For Bra cups, Leotard or pants style please complete extra measurements on page 3

Patient Name:

Date of assessment:

Additional information for measuring for a bra vest:



Normal bra size:

- | | |
|----------|--------------------------------|
| A | Overbust Circumference |
| B | Underbust Circumference |
| C | Length from Waist to Underbust |

Please complete extra measurements for Leotard and Pants style garments

Additional measurements for Leotard shorts

Waist to waist through Legs

Base of neck to acromian process (sleeveless style only)

Waist to the end of Leotard at side of body

Additional measurements for shorts style

Top of shorts to knee (OR)

End of garment

Please enter Reinforcements Codes required for garment design:

Note: All suits come with the standard panels code: SP - Please tick if not required: ☐

Additional reinforcements codes (see page 4):

Speical Instructions:

Reinforcement Codes

Illustrations show ANTERIOR view on the left and POSTERIOR view on the right



SDO Standard Panels Code: SP



Lumber Panels Code: LP



Hip Panels Code: HP



Medial Upper Leg Panels Code: ULM



Lateral Trunk Panels Code: TPL



Lateral Trunk Panels Code: TPR



Scoliosis Panels Code: SPR



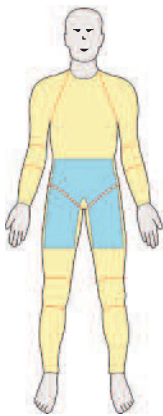
Scoliosis Panels Code: SPL



**Anterior Abdominal Panels Code: AP
Posterior Back Panels Code: BP**



**Anterior Leg Panels Code: KE
Posterior Leg Panels Code: KF**



**Anterior Pelvic Panels Code: APP
Posterior Pelvic Panels Code: PPP**



**Anterior Chest Panels Code: CP1
Posterior Chest Panels Code: CP2**



Posterior Leg Panels Code: HE