



## PCP15, PCP19 & PCP29 Shorts and Leggings Order Form

All fields are required in order to process your order

### Order Details

Date: \_\_\_\_\_ Date Required: \_\_\_\_\_  
Order No.: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Hospital/Clinic: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_

### Patient Details

Patient Reference No.: \_\_\_\_\_  
Is this their first SDO®?  No  Yes  
First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
Contact me about my order via:  Email  Phone  
Attached with order:  Images  Consent form\*  
\*(Signed consent form must be supplied when providing patient images)

Clinician Number: \_\_\_\_\_

### Specifications

Legs:  Short legs  Long legs  
Crotch:  Open crotch  Closed crotch  
High waisted:  No  Yes  
Shoulder straps:  No  Yes  
Silicone Edging:  No  Yes  
Soft Binding:  Yes (Soft binding will be applied to crotch only, in complementing colour or theme if selected)

### Zip Position (please specify)

Front:  No zip  Centre front  Double front  Reflux / Abdominal Zip  
Legs:  No zip  Outside leg  Inside: upside down  Inside: to front of seam  
Side Seam:  Waist to hip  Hip to end of leg

### Themes

- |                                         |                                            |                                           |                                      |                                           |                                           |
|-----------------------------------------|--------------------------------------------|-------------------------------------------|--------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> 1 Spaceman     | <input type="checkbox"/> 2 Astronaut       | <input type="checkbox"/> 3 Footballer     | <input type="checkbox"/> 4 Striker   | <input type="checkbox"/> 5 Goalie         | <input type="checkbox"/> 6 Noir           |
| <input type="checkbox"/> 7 Silver Aztec | <input type="checkbox"/> 8 Pink Aztec      | <input type="checkbox"/> 9 Leopard Flower | <input type="checkbox"/> 10 Lavender | <input type="checkbox"/> 11 Daisy         | <input type="checkbox"/> 12 Ultraviolet   |
| <input type="checkbox"/> 13 Mermaid     | <input type="checkbox"/> 14 Starlight      | <input type="checkbox"/> 15 Marshmallow   | <input type="checkbox"/> 16 Tribal   | <input type="checkbox"/> 17 Blue Frenchie | <input type="checkbox"/> 18 Fawn Frenchie |
| <input type="checkbox"/> 19 Cadet       | <input type="checkbox"/> 20 Lance Corporal | <input type="checkbox"/> 21 Pilot Officer | <input type="checkbox"/> 22 Admiral  | <input type="checkbox"/> 23 Major         | <input type="checkbox"/> 24 General       |

Please select one of the themes above, your garment will be manufactured according to the theme selected. Alternatively, select a plain coloured garment below. Without either a theme or plain garment selection, we cannot proceed with your order.

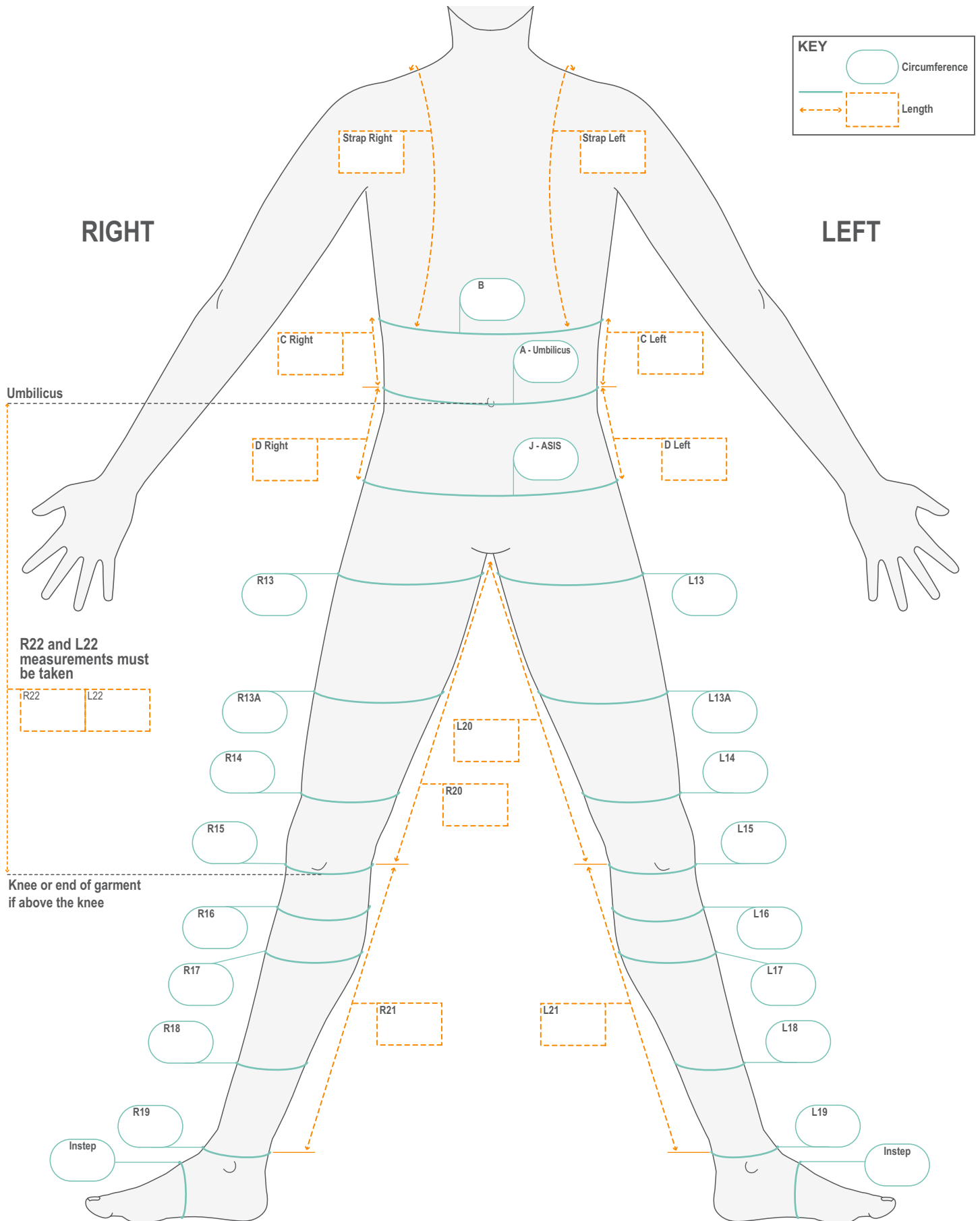
### Plain Coloured Garments (Base fabric, panels, binding and thread are all the same colour)

- White  Beige  Pink  Black  Navy Blue/Black\*  
\*Navy base fabric, black panels, binding & thread

When completed, please click: [thrive@wellandable.com.au](mailto:thrive@wellandable.com.au) to email your electronic order form

Shorts and Leggings Order Form

Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_



**Important: Please make sure when measuring for an SDO® garment that the patient is measured lying down, supine and in the best position of alignment.**

**Shorts and Leggings Order Form**

Order No.: \_\_\_\_\_ Patient Reference No.: \_\_\_\_\_

**Important: Please make sure when measuring for an SDO® garment that the patient is measured lying down, supine and in the best position of alignment.**

**Circumference Measurements (C)**



			Left (cm)	Right (cm)
A	C	Level with umbilicus, 10mm less than 'at rest' circumference		
J	C	Level with Anterior Superior Iliac Spine (ASIS)		
13	C	Leg level with the groin and gluteal fold		
13A	C	Mid-thigh level with muscle bulk, 5mm less than 'at rest' circumference		
14	C	Above knee at suprapatellar margin or end of shorts		
15	C	Level with knee joint (in line with mid patella)		
16	C	Below knee at upper margin of tibial tuberosity		
17	C	Level with bulk of calf, 5mm less than 'at rest' circumference		
18	C	Level with mid-lower leg, at point of musculotendinous junction		
19	C	Level with upper margin of medial malleolus		
Instep	C	Around instep or waist of the foot (only if stirrup)		

**Length Measurements (L)**



			Left (cm)	Right (cm)
D	L	Point level with umbilicus to Anterior Superior Iliac Spine (ASIS) on anterior surface		
20	L	Inside leg groin to knee or end of SDO®		
21	L	Knee joint in line with mid-patella to upper margin of medial malleolus - measured on medial border		
22*	L	Point level with umbilicus on anterior surface to knee or end of garment if above knee		

**\*Note: Measurements R22 and L22 must be taken. Without this, we are unable to process your order**

**Circumference Measurement for High Waisted Shorts & Leggings (C)**



			(cm)
B	C	Top of shorts or leggings	

**Length Measurement for High Waisted Shorts & Leggings (L)**

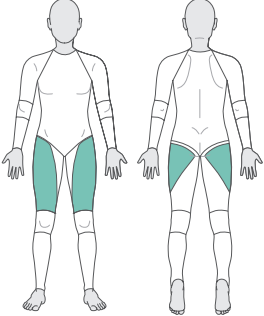
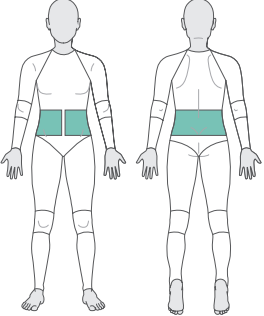
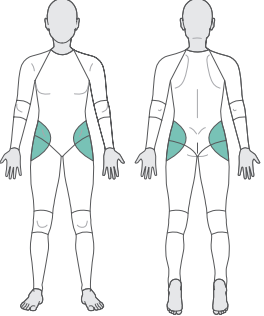
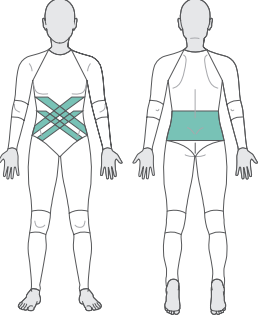
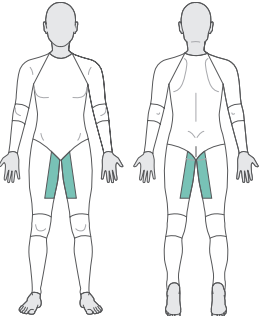
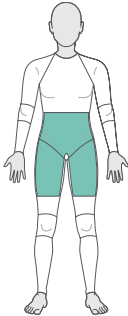
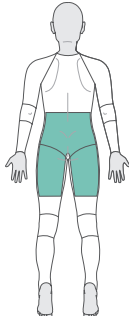
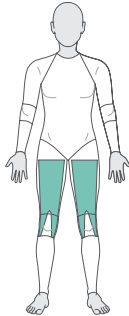
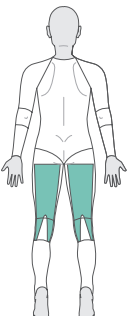
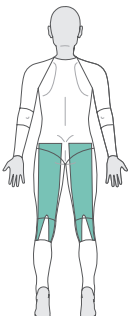
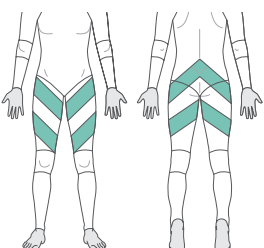
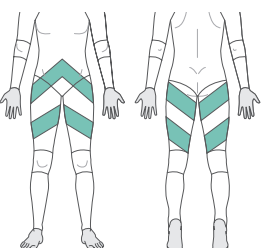


			Left (cm)	Right (cm)
C	L	Top of shorts to waist (A)		
Strap	L	Length of shoulder straps (only if shoulder straps are required) Polycotton material with adjustable D-ring fastener		

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**Reinforcement Panels** (Please specify)

<p><b>Standard Panels</b></p> <p>To assist hip external rotation and back extension</p> <p><input type="checkbox"/> <b>SP</b></p> <p>Std panels included with Suits. Type NO if no panels are required _____</p>  <p>Anterior    Posterior</p>	<p><b>Lumbar Panels</b></p> <p>To assist postural control</p> <p><input type="checkbox"/> <b>LP</b></p> <p>Extend to _____ cms above umbilicus</p>  <p>Anterior    Posterior</p>	<p><b>Hip Panels</b></p> <p>To assist hip control and external rotation</p> <p><input type="checkbox"/> <b>HP</b></p>  <p>Anterior    Posterior</p>	<p><b>Oblique Panels</b></p> <p>To assist activation of oblique muscles</p> <p><input type="checkbox"/> <b>OP</b></p>  <p>Anterior    Posterior</p>
<p><b>Medial Upper Leg Panels</b></p> <p>To assist adduction and internal rotation</p> <p><input type="checkbox"/> <b>ULM</b></p>  <p>Anterior    Posterior</p>	<p><b>Pelvic Panels</b></p> <p>To resist posterior tilt</p> <p><input type="checkbox"/> <b>APP</b></p>  <p>Anterior</p>	<p><b>Pelvic Panels</b></p> <p>To resist anterior tilt and encourage hip extension</p> <p><input type="checkbox"/> <b>PPP</b></p>  <p>Posterior</p>	<p><b>Leg Panels</b></p> <p>To assist knee extension Long leg only</p> <p><input type="checkbox"/> <b>KE</b></p>  <p>Anterior</p>
<p><b>Leg Panels</b></p> <p>To assist knee flexion Long leg only</p> <p><input type="checkbox"/> <b>KF</b></p>  <p>Posterior</p>	<p><b>Leg Panels</b></p> <p>To assist hip extension</p> <p><input type="checkbox"/> <b>HE</b></p>  <p>Posterior</p>	<p><b>External Rotation Panels</b></p> <p>To assist external rotation at the hips</p> <p><input type="checkbox"/> <b>ERP</b></p> <p>If hips windswept, please indicate which side:</p> <p><input type="checkbox"/> <b>L</b>    <input type="checkbox"/> <b>R</b></p>  <p>Anterior    Posterior</p>	<p><b>Internal Rotation Panels</b></p> <p>To assist internal rotation at the hips</p> <p><input type="checkbox"/> <b>IRP</b></p> <p>If hips windswept, please indicate which side:</p> <p><input type="checkbox"/> <b>L</b>    <input type="checkbox"/> <b>R</b></p>  <p>Anterior    Posterior</p>