



Patient Details



PCP30 & PCP72 Sleep Suit or Sleep Shorts 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:			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												
								Delivery Address:			Attached with order: Images Consent form*				
										*(Signed consent form must be supplied when providing patient images) Clinician Number:					
									Post Cod						
								Specifications	5						
								Garment:	Sleep Suit	Sleep Shorts					
								Silicone Edging:	No	Yes					
Gastrostomy site:	No	Yes (Please mark posi	tion at first fitting only, if a	gastro opening is req	uired, the garme	nt will be supplied									
Soft Binding:	Yes (Soft binding will	be applied to neck and crot	ch only, in complementing	colour or theme if se	lected)										
Themes															
1 Spaceman	2 Astronaut	3 Footballer	4 Striker	5 Goalie		6 Noir									
7 Silver Aztec	8 Pink Aztec	9 Leopard Flower	10 Lavender	11 Daisy		12 Ultraviolet									
13 Mermaid	14 Starlight	15 Marshmallow	16 Tribal	17 Blue Fr	enchie	18 Fawn Frenchie									
19 Cadet	20 Lance Corporal	21 Pilot Officer	22 Admiral	23 Major		24 General									
	the themes above, you ent below. Without eit	•	•			•									
Plain Coloure	ed Garments (Ba	se fabric, panels, binding	g and thread are all the	same colour)											
White	White Beige Pink			Navy Blue/Black* *Navy base fabric, black											

panels, binding & thread

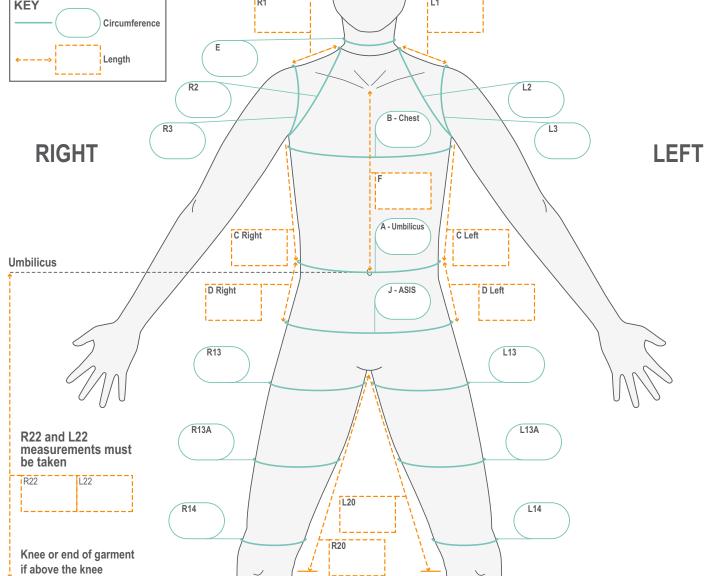




Medigarments Ltd®

Sleep Suit or Sleep Shorts 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.

Circu	mf	erence Measurements (C)	Left (cm)	Right (cm)
Α	С	Level with umbilicus, 10mm less than 'at rest' circumference		
В	С	Level with chest in line with the axillary crease		
E	С	Base of the neck		
J	С	Level with Anterior Superior Iliac Spine (ASIS)		
2	С	Shoulder joint from base of the neck (at point where neck meets shoulder below ear lobe), under the axilla and back to the same point. (Scapula set against the chest wall and the arm by the side of the body). One should be able to slide a finger under the tape measure at the front of the axilla		
3	С	Shoulder joint acromion process under the axilla and back to the same point. (Scapula set against the chest wall and the arm by the side of the body). One should be able to slide a finger under the tape measure at the front of the axilla		
13	С	Leg level with the groin and gluteal fold		
13A	С	Mid-thigh level with muscle bulk, 5mm less than 'at rest' circumference		
14	С	Above knee at suprapatellar margin or end of shorts		







Sleep Suit or Sleep Shorts 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. Length Measurements (L) Left (cm) Right (cm) С Point level with axillary crease measure down side to a point level with umbilicus L Point level with umbilicus to Anterior Superior Iliac Spine (ASIS) on anterior surface F Below sternal notch to umbilicus on the anterior surface of the chest with the ribs held in best position of alignment. This measurement dictates the scoop of the neck at the front 20 Inside leg groin to knee or end of SDO® 22* 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 Length Measurement for Sleep Suits (L) Left (cm) Right (cm) 1 Acromion to base of neck or width required for Sleep Suit NOTE: For Sleep Shorts - measurements E, 1, 2 & 3 are not required Reinforcement Panels (Please specify) **Standard Panels Lumbar Panels External Rotation Panels Internal Rotation Panels** To assist internal rotation To assist hip external rotation and To assist external rotation To assist postural control back extension at the hips at the hips SP LP **ERP** IRP Std panels included with Suits. Extend to _ _cms above umbilicus If hips windswept, If hips windswept, Type NO if no panels are required please indicate which side: please indicate which side: Anterior Posterio Anterior Posterior Anterior Posterior Anterior Posterior **Back Scoop Neckline Options** (cm)L Neckline scoop length at back NB For neckline scoop at front, see F measurement **Style Options** V Neck Round Neck