



PCP08 Sock 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

Ankle Seam Angle: 45° (Standard) 90°
Silicone Edging: No Yes

Zip Position *(please specify)*

Legs: Back Front Inside Outside

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.

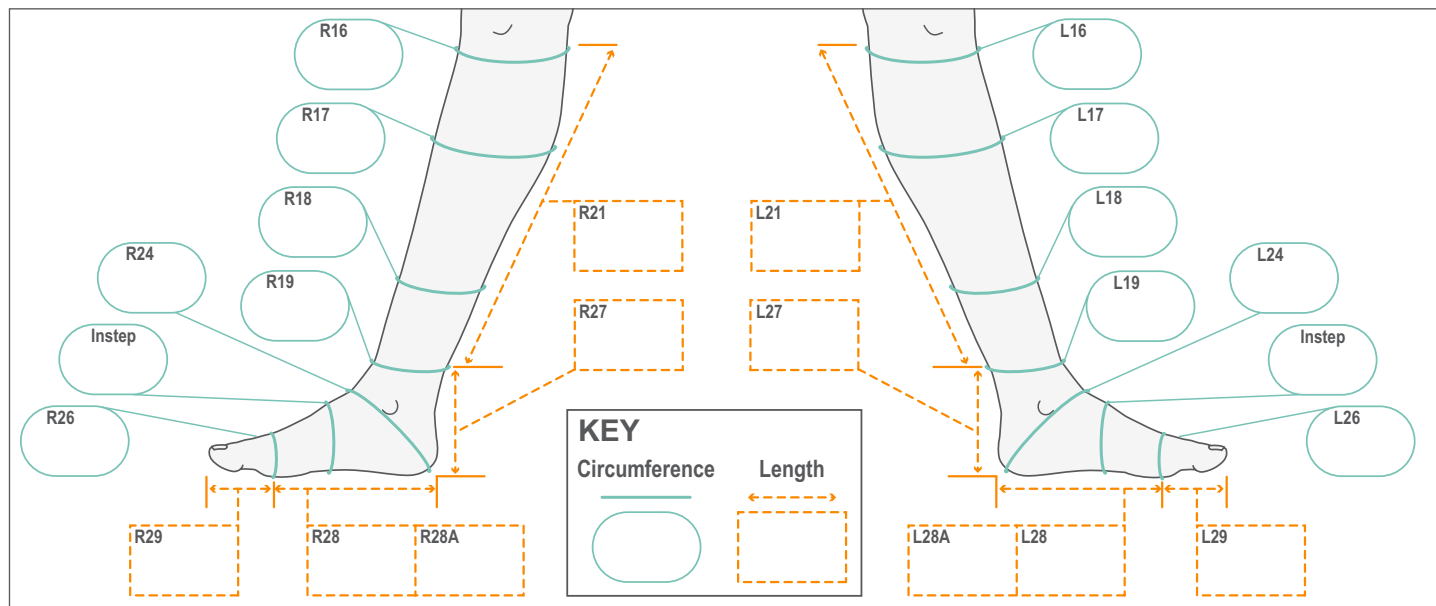
Plain Coloured Garments *(Base fabric, panels, binding and thread are all the same colour)*

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

When completed, please click: thrive@wellandable.com.au to email your electronic order form

Sock Order Form

Order No.: _____ Patient Reference No.: _____



Important: All socks are supplied open toe unless closed toe is specified below. A closed toe option is not usually recommended.

Circumference Measurements (C)



			Left (cm)	Right (cm)
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		
24	C	Foot and heel distal to the malleolus		
Instep	C	Around instep or waist of the foot		
26	C	Metatarsal heads		

Length Measurements (L)



			Left (cm)	Right (cm)
21	L	Top of sock to upper margin of medial malleolus		
27	L	Upper margin of medial malleolus to sole of foot posteriorly		
28	L	From metatarsal heads to heel on medial border		
28A	L	From metatarsal heads to heel on lateral border		
29	L	From metatarsal heads to tip of toes medially. Required for closed toe sock only (not usually recommended)		
Zip	L	Required length of zip from top edge		

Reinforcement Panels (Please specify)

Lower Leg Central To assist dorsi-flexion and control alignment <input type="checkbox"/> LL1	Lower Leg Cross To assist dorsi-flexion <input type="checkbox"/> LL2	Lower Leg Medial To assist dorsi-flexion and resist eversion (pronation) <input type="checkbox"/> LL3	Lower Leg Lateral To assist dorsi-flexion and resist inversion (supination) <input type="checkbox"/> LL4
<p>Anterior Posterior</p>	<p>Anterior Posterior</p>	<p>Anterior Posterior</p>	<p>Anterior Posterior</p>