

Body Suit

Measurement Form – Page 1 of 3

Patient details (Please print in black with CAPITAL letters)

Last name

First name	Date DD/MM/YYYY
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 Sleeveless Body Brief - **0530**

 Body Brief with Sleeves - **0531**

 Singlet Body Brief - **0556**

 Singlet Body Suit - **0557**
 To distal measurement above knee

 Sleeveless Body Suit - **0558**
 To distal measurement above knee

 Body Suit with Sleeves - **0560**
 To distal measurement above knee

 Singlet Body Suit, Full Leg - **0564B**

 Sleeveless Body Suit, Full Leg - **0562B**

 Body Suit with Sleeves, Full Leg - **0563B**

Garment styles

Code	Qty	Description
0530		Sleeveless Body Brief
0531		Body Brief with Sleeves
0556		Singlet Body Brief
0557		Singlet Body Suit
0558		Sleeveless Body Suit
0560		Body Suit with Sleeves
0564B		Singlet Body Suit, Full Leg
0562B		Sleeveless Body Suit, Full Leg
0563B		Body Suit with Sleeves, Full Leg

Pubis styles

Male	Female
1. Open <input type="checkbox"/>	1. Powernet & Lining <input type="checkbox"/>
2. Diagonal Fly <input type="checkbox"/>	2. Satin <input type="checkbox"/>
3. Gusset (fewer inseams) <input type="checkbox"/>	3. Mesh <input type="checkbox"/>
4. Pouch <input type="checkbox"/>	4. Open <input type="checkbox"/>
Options for male styles 2,3 & 4	Groin closure (for Body Brief only)
Powernet <input type="checkbox"/>	Velcro® <input type="checkbox"/>
Powernet & Lining <input type="checkbox"/>	Snaplock <input type="checkbox"/>
Satin <input type="checkbox"/>	

Options and modification

Code	Qty	Description
0034		Turtleneck - Powernet <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> cm
0034		Turtleneck - Elastic <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> 5cm <input type="checkbox"/> 2.5cm <input type="checkbox"/> 1.3cm
BRACUP		Bra Cup Cup Size: <input type="text"/>
1203		Postural Support (please indicate on TBSA Map)
1203		Shoulder Bracing
1190		Anterior Elbow Insert <input type="checkbox"/> Left <input type="checkbox"/> Right
1175		Double Abdominal Panel
1176		Uplift Panel
1161		Soft Abdominal Panel (Pregnancy)
1116		Ostomy Opening
1177B		Knee Patch (Powernet) <input type="checkbox"/> Left <input type="checkbox"/> Right
SBE		Silicone Backed Elastic
0027		Padding - Soft (indicate on TBSA Map) <input type="checkbox"/> Pocket <input type="checkbox"/> Attached
0027		Padding - Velfoam <input type="checkbox"/> Pocket <input type="checkbox"/> Attached
1202		Motif

Zippers

Code	L	R	Description
1164			Arm Zippers (20 cm or less)
1165			Arm Zippers (over 20 cm)
1164			Leg Zippers (20 cm or less)
1165			Leg Zippers (over 20 cm)
ZCT			Zipper Velcro® Closure Tab <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Body
1163B			Zipper Fastening Aids <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Body
1172A			Body Zipper Loop (leather)
0027			Padded Zipper Lining <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Body
0000			Satin Zipper Lining <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Body
0000			Elastic Zipper Lining <input type="checkbox"/> Arms <input type="checkbox"/> Legs <input type="checkbox"/> Body

Linings

Code	L	R	Description
0000			Lining - Axilla <input type="checkbox"/> Satin <input type="checkbox"/> Cotton
1167			Lining - Inside Elbow <input type="checkbox"/> Satin <input type="checkbox"/> Cotton
1168			Lining - Full Elbow <input type="checkbox"/> Satin <input type="checkbox"/> Cotton
1167B			Lining - Posterior Elbow <input type="checkbox"/> Satin <input type="checkbox"/> Cotton
0040			Lining - Behind Knee <input type="checkbox"/> Satin <input type="checkbox"/> Cotton
1177			Lining - Anterior Knee <input type="checkbox"/> Satin <input type="checkbox"/> Cotton
1197			Fully Lined Garment <input type="checkbox"/> Satin <input type="checkbox"/> Cotton
1188			Lining - Elsewhere (indicate on TBSA map) <input type="checkbox"/> Satin <input type="checkbox"/> Cotton
			SilonTEX® lining - indicate location and size on either hand outline, TBSA map or printed photo

Design choices

Neck drop	Axillas
<input type="checkbox"/> Front Neck Drop <input type="checkbox"/> cm	Powernet <input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Back Neck Drop <input type="checkbox"/> cm	Powernet + Lining <input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Round Neck <input type="checkbox"/> "V" Neck Front	Mesh <input type="checkbox"/> Left <input type="checkbox"/> Right
<input type="checkbox"/> Wide Neck	Satin <input type="checkbox"/> Left <input type="checkbox"/> Right
Breast Support	Closures
<input type="checkbox"/> Bra Cups <input type="checkbox"/> Bra Cup Lace	<input type="checkbox"/> Front Zipper <input type="checkbox"/> No Velcro® Tab
<input type="checkbox"/> Contoured Breast	<input type="checkbox"/> Back Zipper

Patient details (Please print in black with CAPITAL letters)

Last name

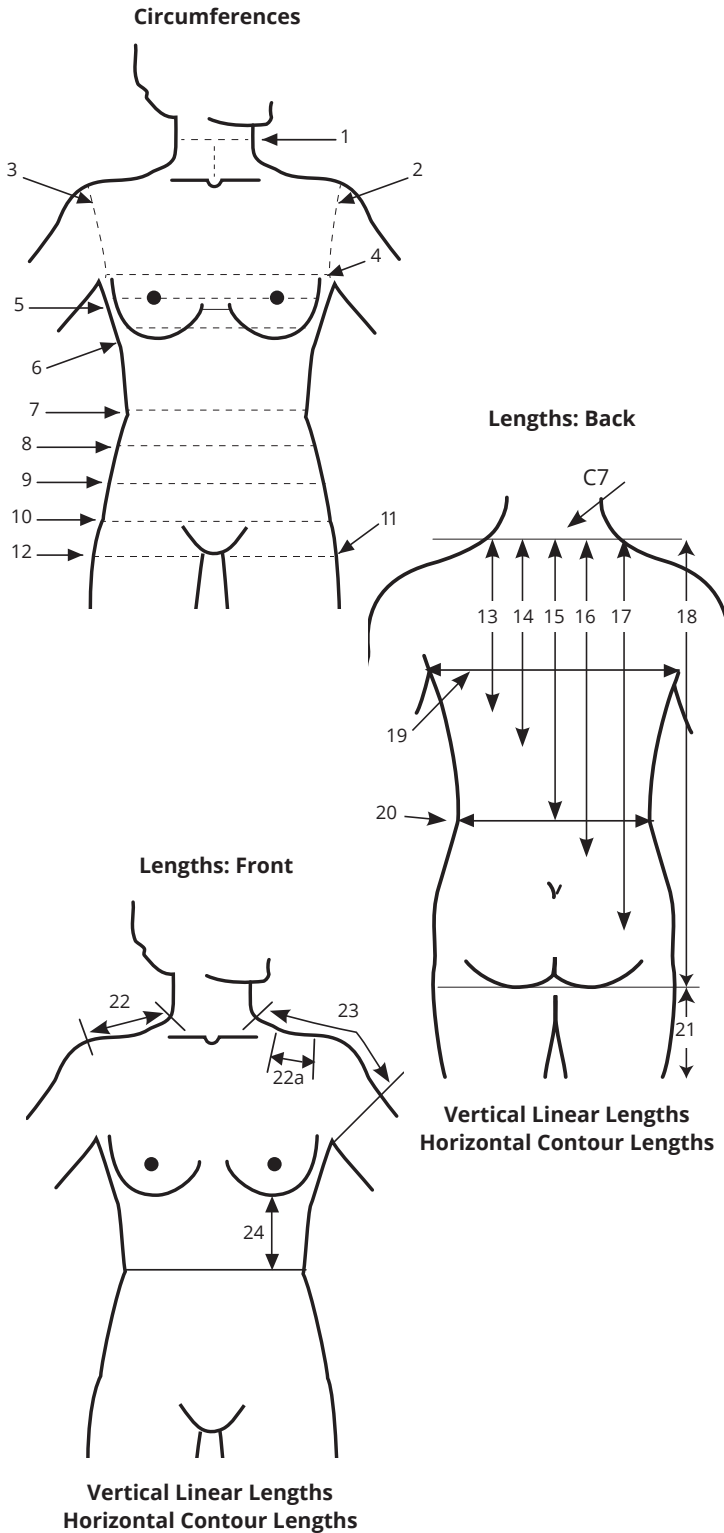
First name

Date DD/MM/YYYY

Measuring points

Measurements

cm / mm



Neck circumference	1			
Left shoulder circumference	2			
Right shoulder circumference	3			
Chest circumference	4			
Circumference over nipple line	5			
Circumference just under breast (level of breast attachment to chest)	6			
Waist circumference	7			
Circumference of largest part of belly	8			
Circumference of midpoint: Waist (7) & Buttocks (10)	9			
Circumference of largest part of buttocks	10			
Proximal Thigh Circumference: Left	11			
Proximal Thigh Circumference: Right	12			
C7 to nipple line	13			
C7 to just under breast	14			
C7 to waist	15			
C7 to largest part of belly	16			
C7 to largest part of buttocks	17			
C7 to fold of buttocks	18			
Side seam to side seam under axilla on back	19			
Side seam to side seam at waist on back	20			
Gluteal fold to end of support	21			
Shoulder width	22			
Singlet/sleeveless garment shoulder width	22a			
Top arm tape to neck (arm down by side)	23			
Under breast to waist on front	24			

Patient to wear well fitted bra during measurement of Breast Support.

Patient details (Please print in black with CAPITAL letters)

Last name	First name	Date DD/MM/YYYY
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Lower limb circumferences

Indicate tape which is closest to popliteal crease

Pleat		Pleat	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	Toe End	Right	
cm/mm		cm/mm	
	7 1/2		
	6		
	4 1/2		
	3		
	1 1/2		
	Heel 0		
	1 1/2		
	3		
	4 1/2		
	6		
	7 1/2		
	9		
	10 1/2		
	12		
	13 1/2		
	15		
	16 1/2		
	18		
	19 1/2		
	21		
	22 1/2		
	24		
	25 1/2		
	27		
	28 1/2		
	30		
	31 1/2		
	33		
	34 1/2		
	36		
Pleat		Pleat	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Upper limb circumferences

Pleat		Pleat	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left	Wrist End	Right	
cm/mm		cm/mm	
	4 1/2		
	3		
	1 1/2		
	0		
	1 1/2		
	3		
	4 1/2		
	6		
	7 1/2		
	Elbow 9		
	10 1/2		
	12		
	13 1/2		
	15		
	16 1/2		
	18		
	19 1/2		
Pleat		Pleat	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Arm zipper locations

	Location		Full Length	Or Specify Length
	L	R		
Lateral/Radial Aspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medial/Ulnar Aspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Leg zipper locations

	Location		Full Length	Or Specify Length
	L	R		
Lateral Aspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medial Aspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Powernet colour selection guide

Fabric & Thread: Black, Brown, Beige, Light Beige, Purple, Navy, Royal, Light Blue, Red, Pink, White, Camouflage

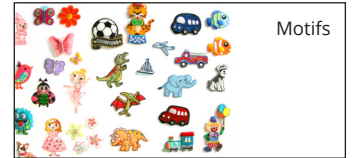
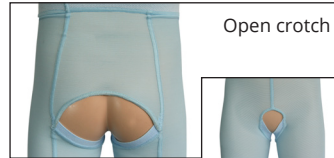
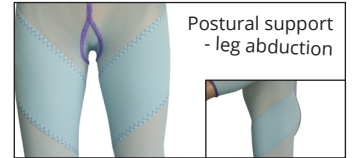
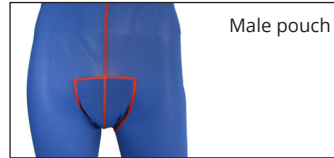
Contrast Thread: Orange, Hot Pink, Lime, Yellow
Dual Stitching: nominate 2 colours

Fabric	Thread	Qty
1	1	
2	2	
3	3	
Must provide extra colour options		
1	1	
2	2	

Comments

All measurements taken with no tension and in centimetres only.

Design options



Design choice definitions

Shoulder bracing: A diagonal pull to help extend the shoulders backwards and downwards to assist in improving posture as well as garment fit over the anterior chest wall.

Uplift panel: A 'v' shaped double layer of powernet extending from the middle of the abdomen to assist in supporting a pendulous abdomen.

Double abdominal panel: A double layer of powernet over the abdomen to provide increased abdominal support.

Soft abdominal panel: A section of satin lining across the abdomen for pregnancy.

Measuring tips

Neck circumference (1): Measured midway between the head and the shoulders.

Back neck drop: Measure from C7 to depth of scoop.

Front neck drop: Measure from sternal notch to depth of scoop.

Round neck: Standard design drop as determined by front/back neck drop measures.

V neck front: Measure depth required from sternal notch to point of V.

Attached powernet turtleneck: Measure height from sternal notch.

Shoulder circumference (2 & 3): With patient standing with hand on hip, place tape measure on top of shoulder directly above axilla, and pass through under the arm. Then lower arm down and continue tape to shoulder.

Arm circumference: Using **Purple** Jobskin arm tape.

Chest circumference (4): Measured at the level of the axilla with arms placed down to the side.

Nipple line (5): For women please provide bra cup size. Circumference over nipple line should be measured with patient wearing a bra.

Side seam to side seam (19 & 20): A horizontal contoured measure originating directly below the midpoint of one axilla across the back to the midpoint under the other axilla. (19) is positioned at chest circumference (4), whilst (20) is positioned at the height of the waist.

Leg circumferences: Begin with the patient lying down, knee straight and leg supported in elevation. Proceed using an **Teal** Jobskin leg tape.

Email or return forms to:

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Garment returns:

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