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# SECOND SKIN PTY LTD

40 O'MALLEY STREET, OSBORNE PARK WA 6017

P: +61 8 9201 9455 E: [orders@secondskin.com.au](mailto:orders@secondskin.com.au)

or upload via [www.secondskin.com.au/contact/enquiry](http://www.secondskin.com.au/contact/enquiry) (choose "an order")

Existing Patient

New Patient

## PATIENT DETAILS FORM

Date:	New Order (✓)	Reorder (✓)
<b>PATIENT:</b> (Surname)	(Given Names)	
Date of Birth:	M <input type="checkbox"/>	F <input type="checkbox"/>
Patient Address:		Post Code:
Patient Phone No: (Home)	(Work)	
<b>HOSPITAL:</b>	<b>Order Number:</b>	
Hospital Address:		Post Code:
Therapist Name:	Department:	
Therapist Phone No:	Pager No:	
Therapist Email		
Photo Sent (✓)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Email	POST/COURIER <input type="checkbox"/>	

<b>GARMENT/GARMENTS REQUIRED:</b>	
<b>SEND ACCOUNT TO: (Include Claim/Reference Number)</b>	
<b>SEND GARMENT TO: Therapist - address as above (✓)</b>	<b>Patient - address as above (✓)</b>
<b>DATE REQUIRED BY:</b>	

Second Skin will always endeavour to supply this order by the date you require.  
Please keep in mind that delivery is subject to freight times and the receipt of written funding approval / hospital order numbers.



**ALL IN ONE PRESCRIPTION FORM (PAGE 1 OF 2)**

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CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

**Diagnosis:** Burns  Lymphoedema  Trauma  Vascular Insufficiency  Other: \_\_\_\_\_

**Colour:** Light  Dark  Black  (Powersoft available - Dark and Black only)

**Garment personalisation** \*Please choose carefully as garments cannot be exchanged/returned for change of mind or incorrect choice

**Stitching colour:** (Circle one only) Purple/Green/Pink/Blue/Yellow/White/Red/Orange

**Trim Colour:** (Circle one only) Pink/Yellow/Green/Purple/Navy/Red/Black/White

**Motif:** (choose one only) \_\_\_\_\_ **Motif colour:** (choose one only) \_\_\_\_\_

1. Style		7. Ankle		L	R
Single leg		Centre front vertical seam (preferred option)			
Two leg		Ankle crease seam			
One and a half leg		Dorsal ankle gusset:			
Stump support		- Shimmer			
Panty girdle		- Powernet			
Flap tight		- Powersoft			
Hernia support		- Single hydrophobic			
Scrotal support		- Double hydrophobic			
All in one (see all in one form)		- Hydrophobic lining			
2. Fabric		8. Toes		L	R
Powernet		Closed			
Powersoft		Big toe separate			
Shimmer		Foot glove			
Single hydrophobic		Stirrups			
Double hydrophobic		9. Zips - Lower Body		L	R
3. Crotch		None in legs			
Open		Waist to thigh high			
Closed		Full length curved into foot			
Fly front		Below knee - straight medial to ankle			
4. Leg Lengths		Below knee - straight lateral to ankle			
		L	R		
Above knee					
Ankle length					
Including feet					
5a. Knee Gusset		10. Reinforcing		L	R
		L	R		
Posterior knee gusset - shimmer		Shimmer			
Knee flexion gusset - all shimmer		Powernet			
Knee flexion gusset - powernet anterior		Powersoft			
Knee flexion gusset - powersoft anterior		Sole			
Knee flexion gusset - all single hydrophobic		Sole leather			
Knee flexion gusset - all double hydrophobic		Heel			
5b. Hydrophobic Lining - Knee		Dorsum of foot			
		Lower leg - anterior			
(a) anterior		Lower leg - posterior			
(b) posterior		Full leg - anterior			
(c) circumferential		Full leg - posterior			
6. Dressing Assist		11. Additional Options			
Zip tab		Colostomy site with hole and zip access			
Zip looper		Shaped abdomen			
Leather assist		Pregnancy panel			
		Soft braces with velcro closure			

Note any further design options you require. Call our design department in Perth (08 9201 9455) for any queries



**ALL IN ONE PRESCRIPTION FORM (PAGE 2 OF 2)**

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CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Upper Body Style	L	R	5. Shoulder/Upper Trunk		
With sleeves			Splinting for postural correction Please send photos		
Without sleeves					
Stove pipe collar					
Bra cups			6. Hydrophobic Lining		
Princess line			(a) Neckline		
Sports Bra			(b) Stove pipe collar		
Athletic top			(c) Armholes on sleeveless garment		
			(d) Other - please specify below		
2. Sleeve Length	L	R	7a. Zips Upper Body		
Short to elbow			Front		
Long to wrist			Back		
None			Centre		
3. Axilla Gussets	L	R	Offset to (L)		
Standard (½ shimmer and ½ hydrophobic)			Offset to (R)		
All shimmer			7b. Zips in Sleeves	L	R
All single hydrophobic			None in arms		
All double hydrophobic			Full length arm - neckline to wrist		
Hydrophobic lining			Upperarm - neckline to above elbow		
4a. Elbow	L	R	Shoulder point to wrist		
Flexion gusset			7c. Forearm - Radial		
(a) All shimmer			Ulnar		
(b) Shimmer ant & powernet post			Mid dorsal		
(c) Shimmer ant & powersoft post <b>NEW!!</b>			8. Dressing Assist	L	R
(d) Single hydrophobic			Zip tab		
(e) Double hydrophobic			Zip loopers		
4b. Hydrophobic Lining	L	R	Leather Assist		
(a) Anterior elbow					
(b) Circumferential elbow					

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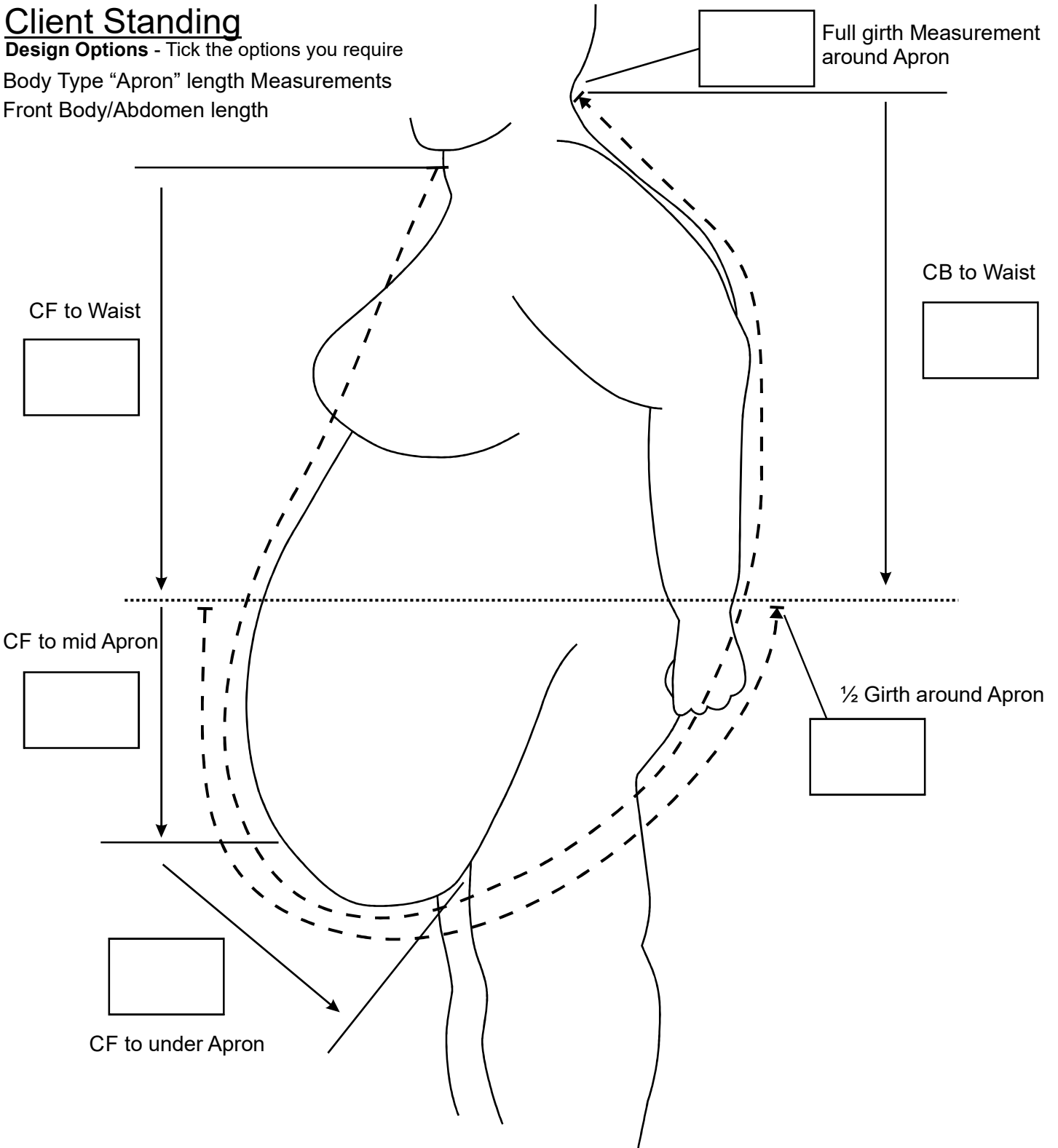
CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

## Client Standing

**Design Options** - Tick the options you require

Body Type "Apron" length Measurements

Front Body/Abdomen length





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CLIENT SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

F  M

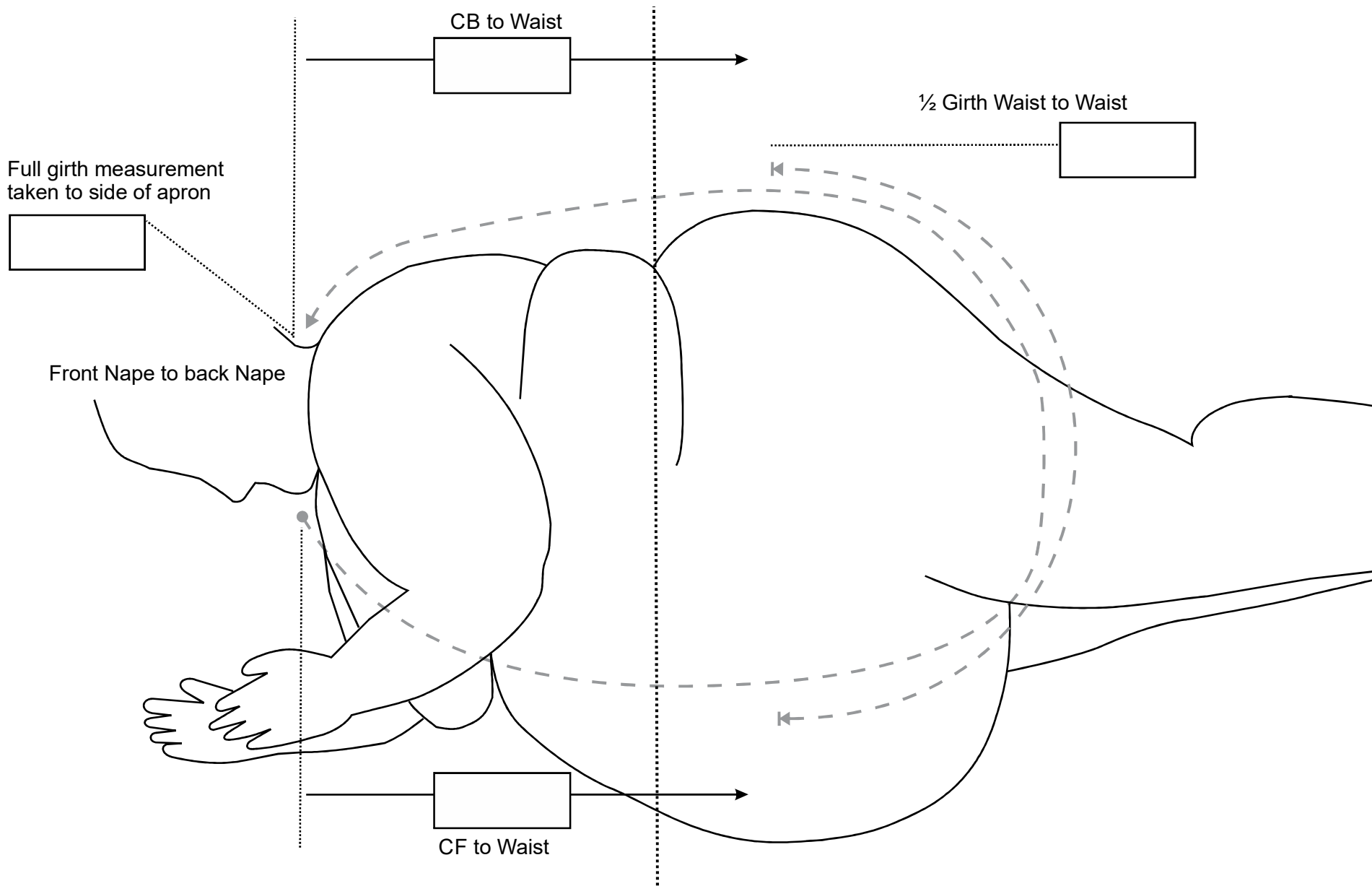
DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Bariatric Client with Body Type "Overhanging Apron"

This form accompanies the Tights and Vest Form

Girth Measurements preferably taken In lying to side of "Apron".

Client in lying





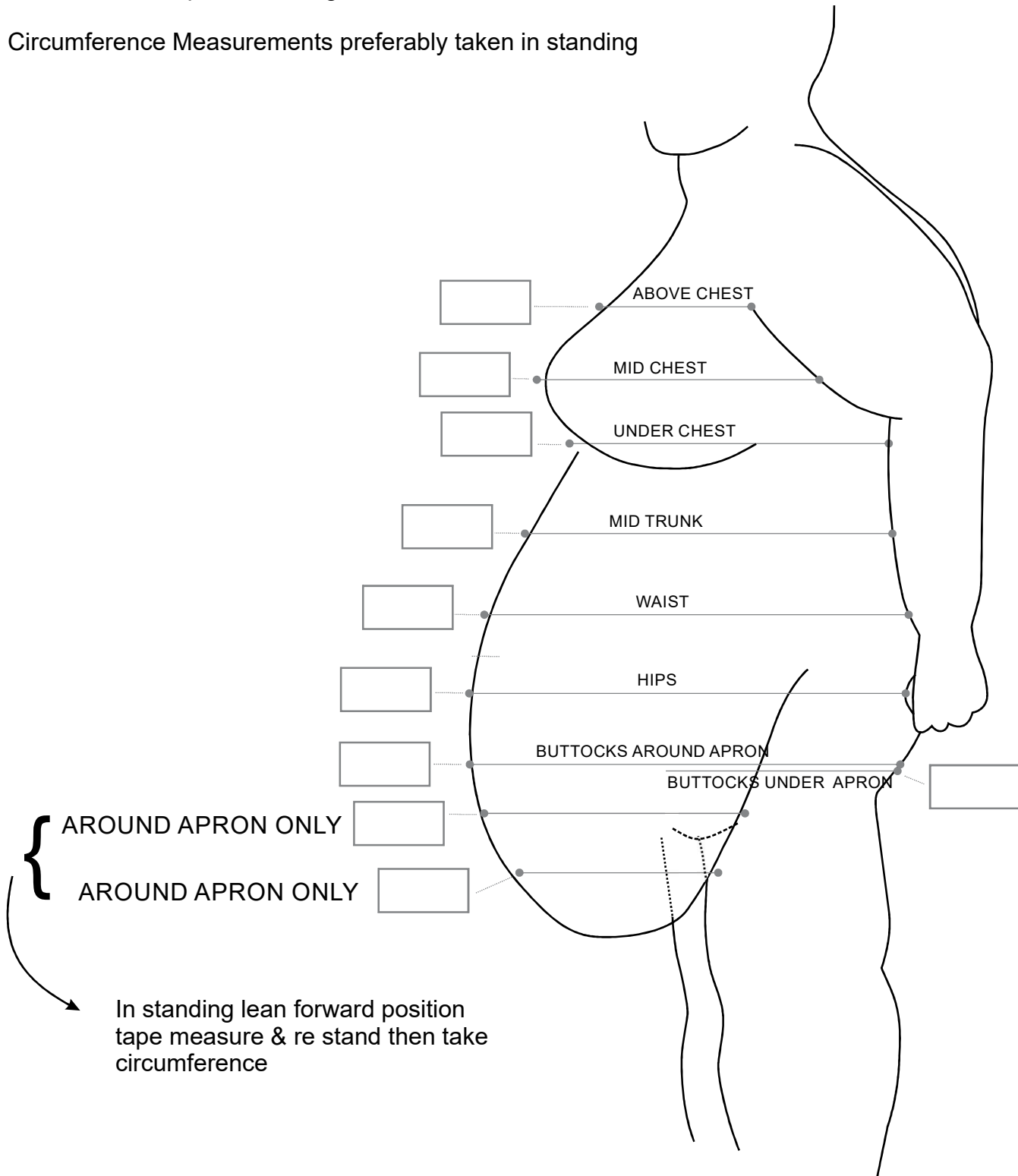
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CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

## Bariatric Client with Body Type "Overhanging Apron"

This form accompanies the Tights & Vest Form

Circumference Measurements preferably taken in standing

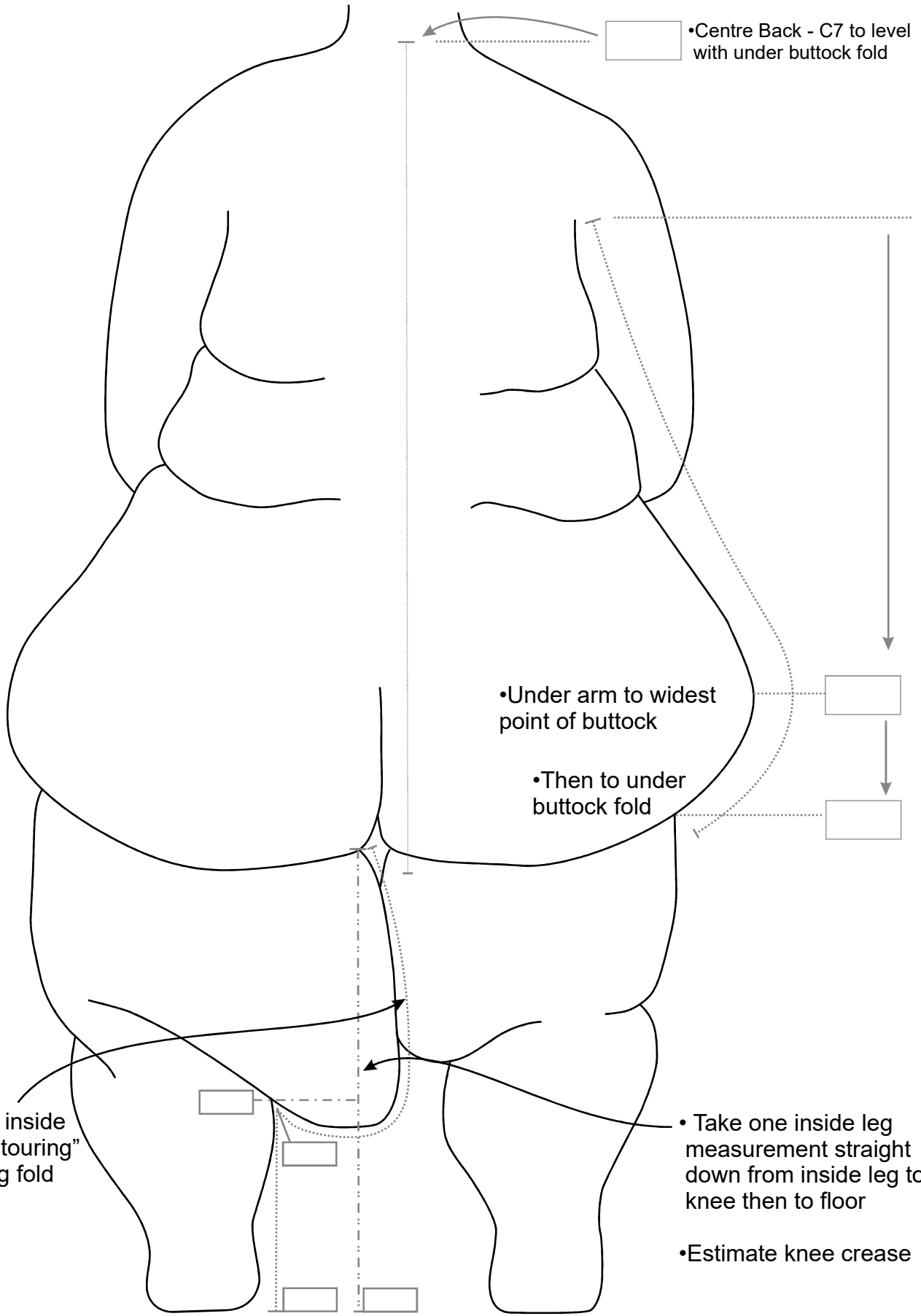




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CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

## Bariatric Client with Body Type "Left Leg & Buttock Folds"

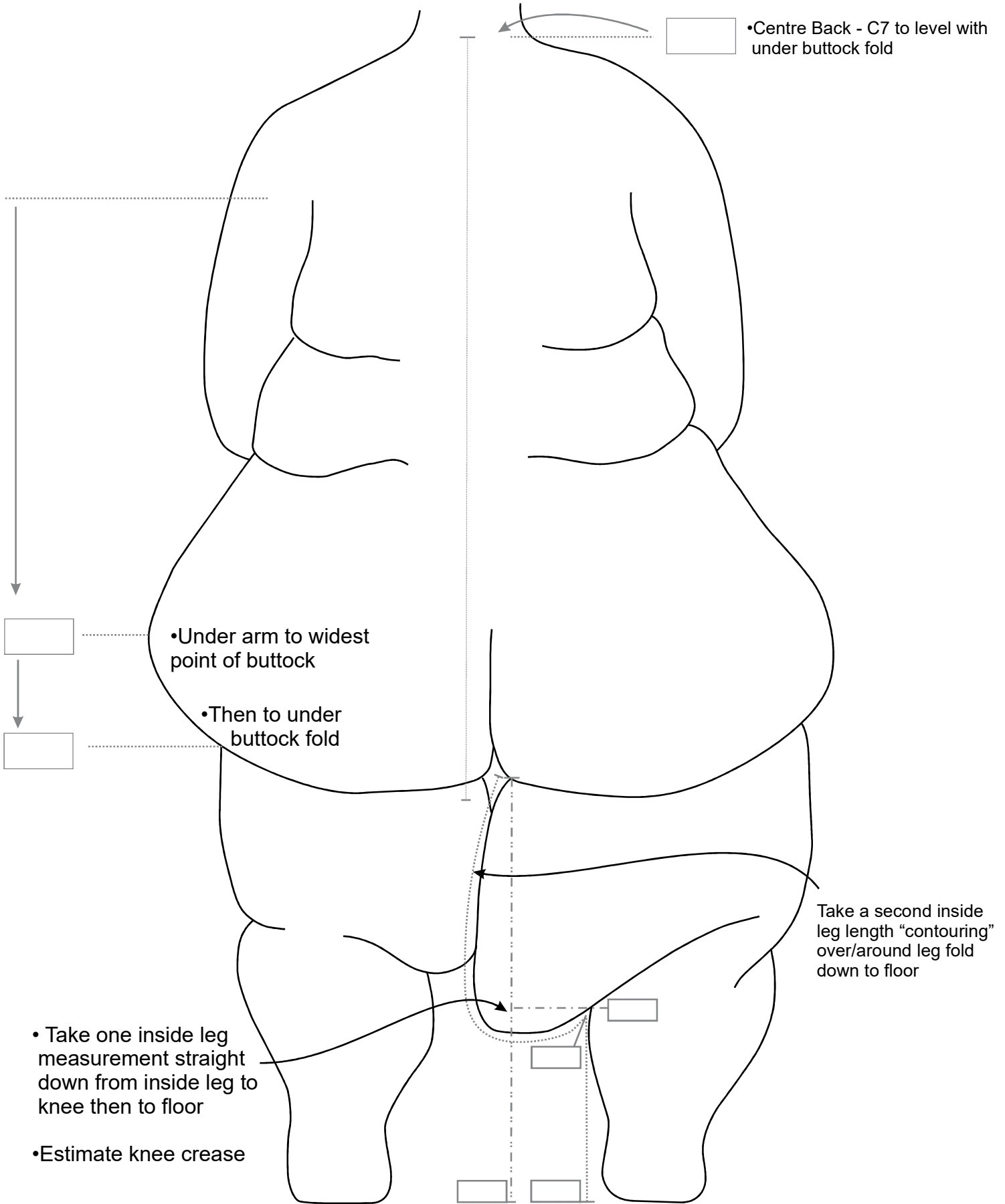




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CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

## Bariatric Client with Body Type "Right Leg & Buttock Folds"







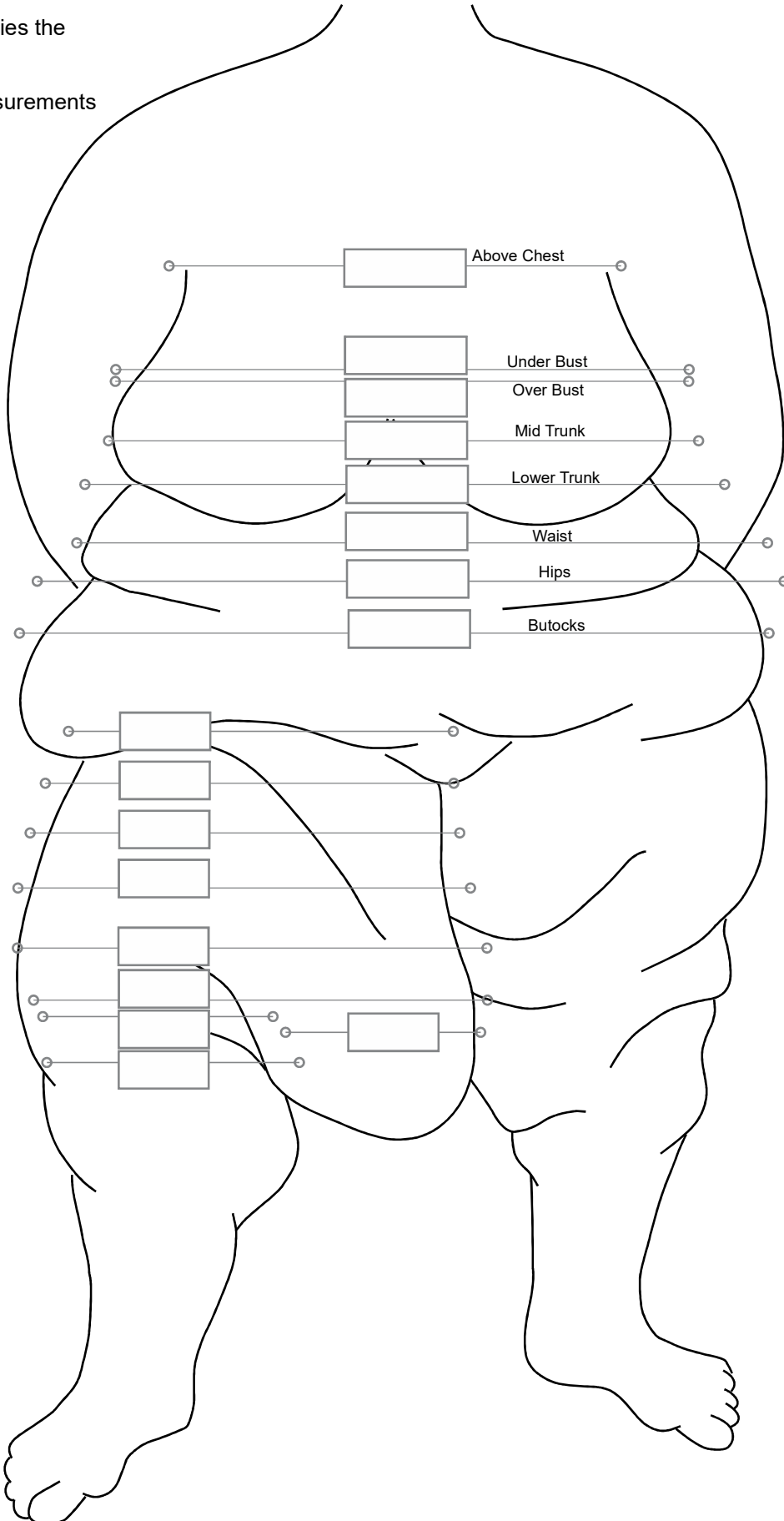
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CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

## Bariatric Client Front "Right Leg & Buttock Folds"

This form accompanies the  
Tights & Vest Form

Circumference Measurements  
preferably  
taken in standing

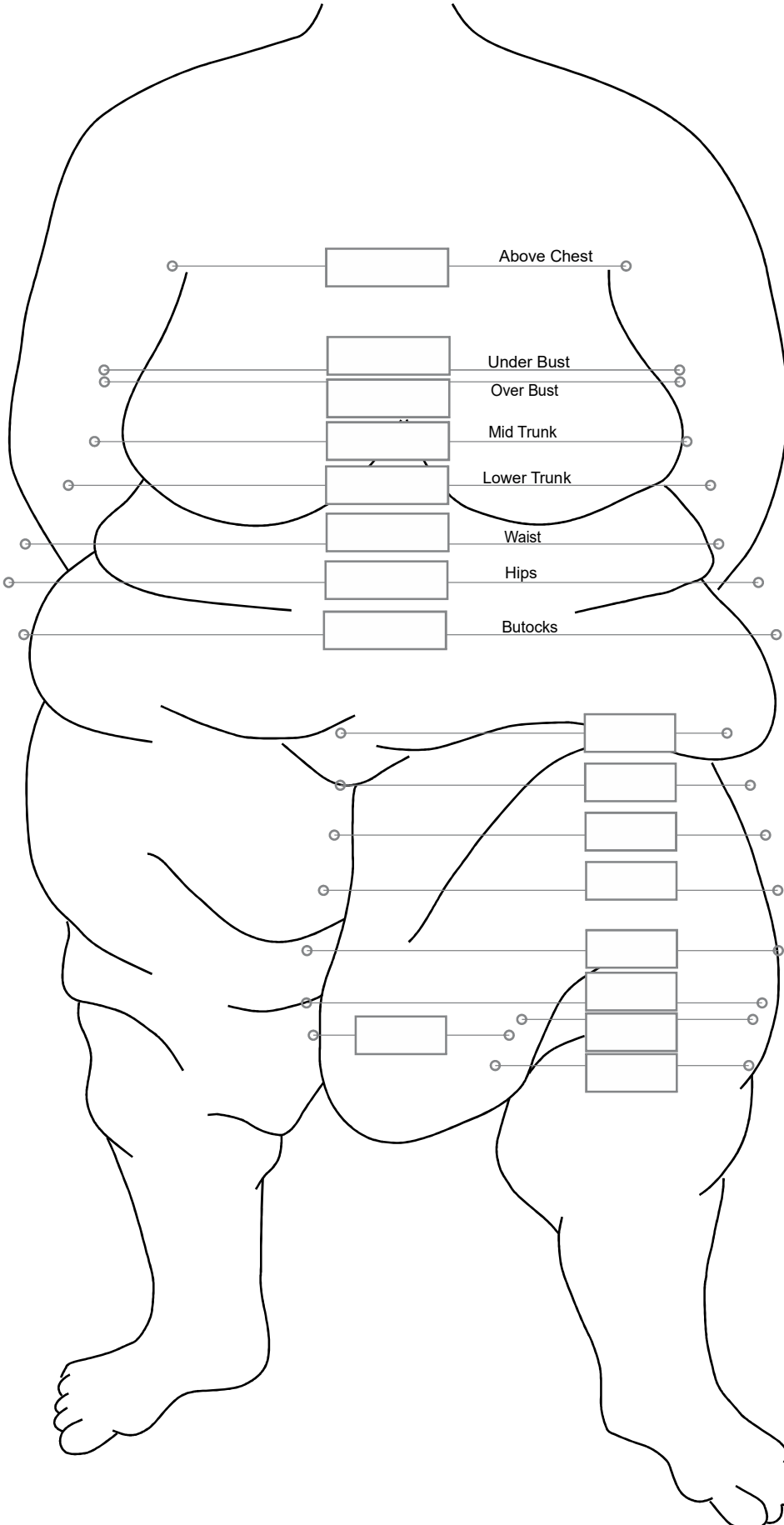




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CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

## Bariatric Client Front "Left Leg & Buttock Folds"



This form accompanies the  
Tights & Vest Form

Circumference Measurements  
preferably  
taken in standing



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CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

## Bariatric Client with Body Type "Leg and Buttock Folds"

This form accompanies the  
Tights & Vest Form

Circumference Measurements  
preferably  
taken in standing

- Full Girth taken in standing if possible
- Make sure tape measure is right up into crutch

