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PAGE NO: _____



SECOND SKIN PTY LTD

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P: +61 8 9201 9455 E: orders@secondskin.com.au

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

Existing Patient

New Patient

PATIENT DETAILS FORM

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

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

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.



SOCK PRESCRIPTION FORM

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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	L	R	6. Ankle	L	R
Knee high Sock			Centre front vertical seam (preferred option)		
Ankle High			Ankle crease seam		
with Closed Toe			Dorsal Ankle Gusset:		
Big Toe Separate			- Shimmer	L	R
Foot Glove			- Powernet		
Open Toes			- Powersoft		
2a. Fabric	L	R	- Single Hydrophobic		
Powernet			- Double Hydrophobic		
Powersoft			- Hydrophobic lining		
Shimmer					
Single Hydrophobic			7. Reinforcing		
Double Hydrophobic			Powernet		
2b. Fabric - Foot Splinting requires 2 x layers fo fabric	L	R	Powersoft		
Shimmer / Hydrophobic			Shimmer		
Double Hydrophobic			Sole	L	R
3. Zips	L	R	Leather sole		
None			Heel		
Posterior straight medial to ankle			Dorsum of foot		
Posterior straight lateral to ankle			Anterior lower leg		
Curved medial side into foot			Posterior lower leg		
Curved lateral side into foot			Medial stability		
4. Dressing Assist	L	R	Lateral stability		
Zip tabs					
Zip loopers			8. Foot Splinting - Requires 2 x layers of fabric	L	R
Leather Assist			Toe Extension		
5. Length of zip	L	R	Big Toe abduction		
Full length from top of sock			Lengthen instep		
Mid calf - from mid calf					

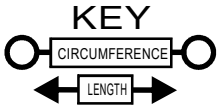
Note any further design options you require. Call our design department in Perth (08 9201 9455) for any queries



SOCK MEASURING FORM

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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___



LEFT

RIGHT

Mid Patella

Knee Crease

CIRCUMFERENCES

Floor to top of sock

For shapely legs please provide additional lengths from floor to top of sock on:

Lateral side

Posterior side

LENGTH-MEDIAL

If Knee High, measure the top of sock as high as possible finishing below knee crease on medial side.

Floor to End If Ankle High

Above Ankle

Mid Ankle

Under Ankle

Metatarsals

Instep

Dorsal Ankle Crease

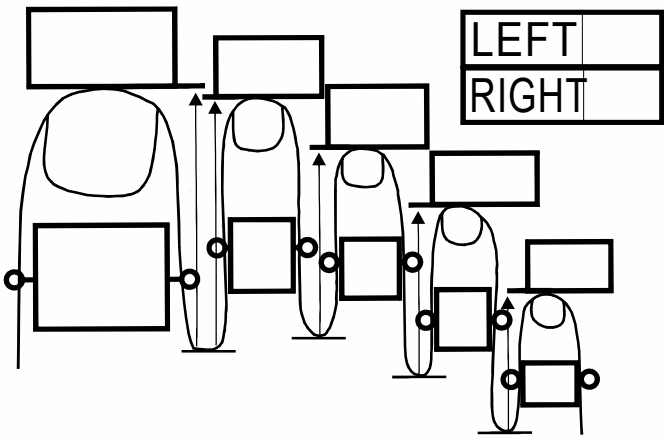
Floor



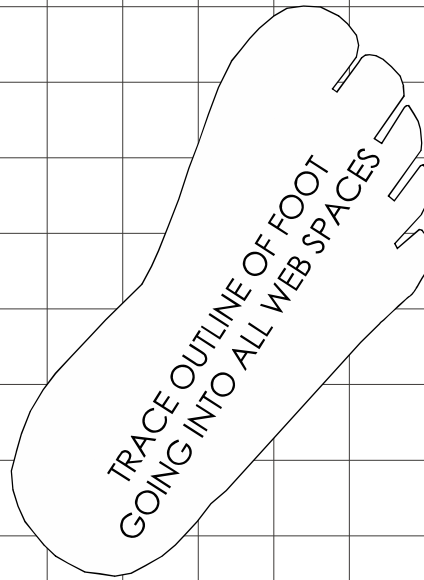
FOOT TRACE FORM

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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___ / ___ / ___



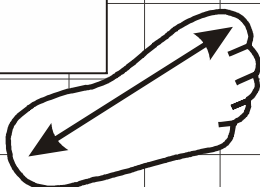
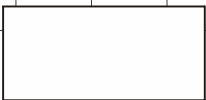
Grid to Scale 1:1 19 cm x 25 cm



Measuring Tips

Important:

Measure length of clients sole on foot trace from tip of big toe to tip of heel.



- For big toe separate, measure big toe circumference and length.
- For a Foot Glove measure all toe circumferences and lengths
- Circumference measurements are taken at the middle of toe.
- Length measurements are taken from web space to tip of toe on the side of the toe as indicated with length arrow.