CONFIDENTIAL

SECOND SKIN PTY LTD

40 O'MALLEY STREET, OSBORNE PARK WA 6017
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** ☐	**F** ☐
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.

SECOND SKIN PTY LTD
40 O'Malley Street
OSBORNE PARK WA 6017

E: orders@secondskin.com.au

TIGHTS PRESCRIPTION FORM

CONFIDENTIAL

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	**L**	**R**	Below knee - straight lateral to ankle		
Above knee			Below knee - curved medial into foot		
Ankle length			Below knee - curved lateral into foot		
Including feet			**10. Reinforcing**	**L**	**R**
5a. Knee Gusset	**L**	**R**	Shimmer		
Posterior knee gusset - shimmer			Powernet		
Knee flexion gusset - all shimmer			Powersoft		
Knee flexion gusset - powernet anterior			Sole		
Knee flexion gusset - powersoft anterior			Sole leather		
Knee flexion gusset - all single hydrophobic			Heel		
Knee flexion gusset - all double hydrophobic			Dorsum of foot		
5b. Hydrophobic Lining - Knee			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
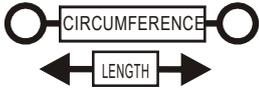
SECOND SKIN PTY LTD
40 O'Malley Street
OSBORNE PARK WA 6017

E: orders@secondskin.com.au

TIGHTS MEASUREMENT FORM

CONFIDENTIAL

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

KEY

CIRCUMFERENCE

LENGTH

Waist

Hips

Buttocks

R   L

Knee Crease

L	
R	

Above Ankle

Instep

Metatarsals

Mid Ankle

Under Ankle

Dorsal Ankle Crease

R	L
R	L
R	L
R	L

Above Ankle

Mid Ankle

Under Ankle

Dorsal Ankle Crease

Instep

Metatarsals

L	
R	

To Floor

Waist

Girth

Hold tape firmly from front waist thru crotch to back waist

Knee

L	
R	

Inside leg to back knee crease

L	
R	

Inside leg to required length

Floor

L	
R	

Inside leg to floor

SECOND SKIN PTY LTD
40 O'Malley Street
OSBORNE PARK WA 6017

E: orders@secondskin.com.au

FOOT TRACE FORM

CONFIDENTIAL

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

LEFT
RIGHT

Grid to Scale 1:1   19 cm x 25 cm

TRACE OUTLINE OF FOOT
GOING INTO ALL WEB SPACES

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

Measuring Tips

- 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.