

CONFIDENTIAL

PAGE NO: _____



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 <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:	

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Please keep in mind that delivery is subject to freight times and the receipt of written funding approval / hospital order numbers.



ABDOMINAL SUPPORT PRESCRIPTION

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)

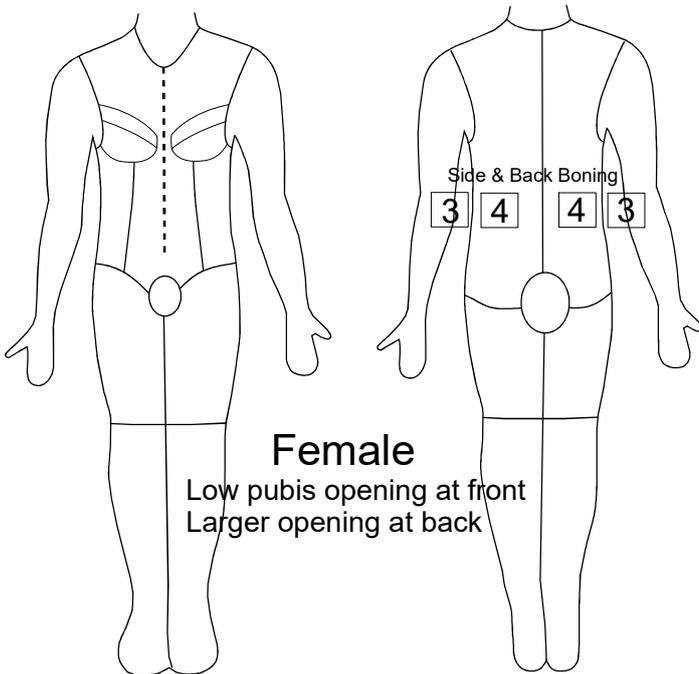
Garment personalisation *Please choose carefully as garments cannot be exchanged/returned for change of mind or incorrect choice

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

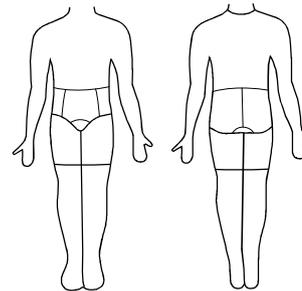
Motif: (choose one only) _____ **Motif colour:** (choose one only) _____

Female Abdominal AIO open pubis comes with separate hydro panty girdle closed pubis



Female

Low pubis opening at front
Larger opening at back



Female option:

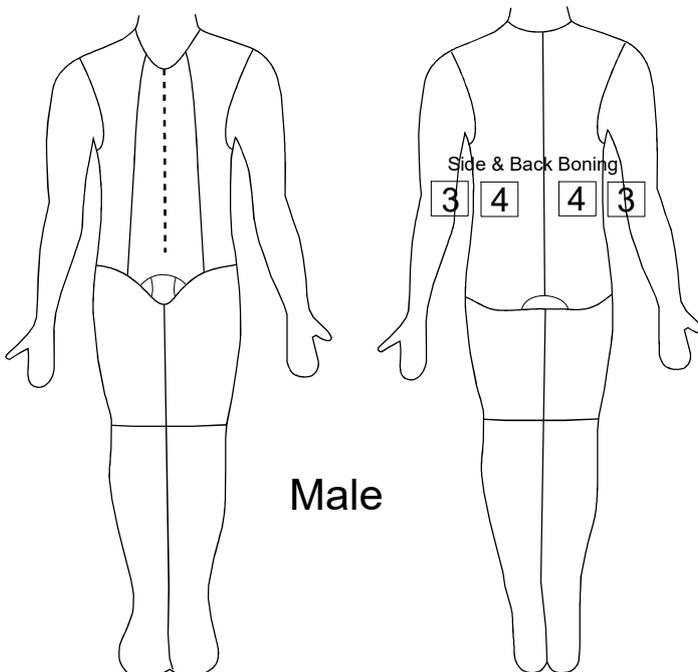
- Short Sleeves
- Sleeveless with padded shoulders
- Sports Bra
- Bra Cups
- Lateral Boning

Donning:

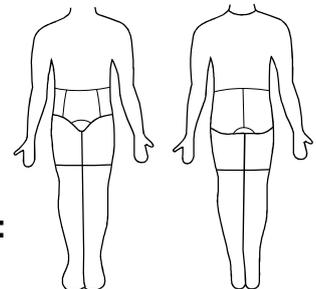
- Centre Back zip
- Centre Front zip

*** Note: If lateral boning required, you will need to measure boning lengths and photograph placement in sitting**

Male Abdominal AIO with option for closed or open pubis



Male



Male option:

- Short Sleeves
- Sleeveless with padded shoulders
- Lateral Boning

Pubis:

- Male Pouch
- Fly Front
- Open pubis, comes with separate panty girdle closed pubis

Donning:

- Centre Back zip
- Centre Front zip



**ABDOMINAL SUPPORT
PRESCRIPTION FORM (PAGE 1 OF 2)**

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

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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			
		- 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		
Above knee					
Ankle length					
Including feet					
5a. Knee Gusset		L	R	10. Reinforcing	L
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	
(a) anterior				Lower leg - anterior	
(b) posterior				Lower leg - posterior	
(c) circumferential				Full leg - anterior	
6. Dressing Assist				Full leg - posterior	
Zip tab				11. Additional Options	
Zip looper				Colostomy site with hole and zip access	
Leather assist				Shaped abdomen	
				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



VEST MEASUREMENT FORM

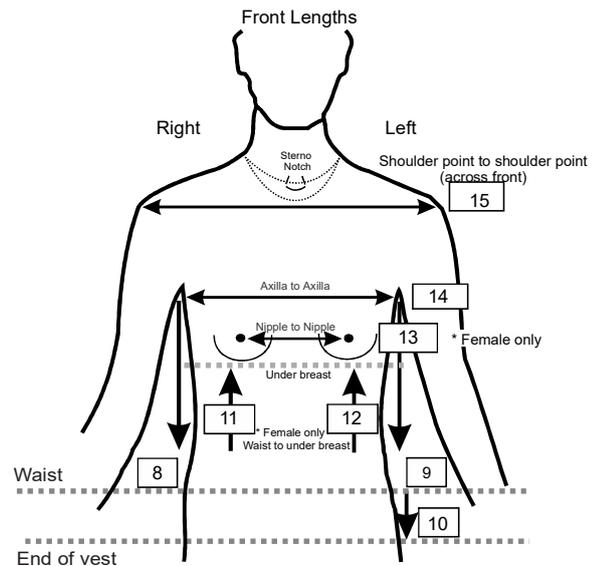
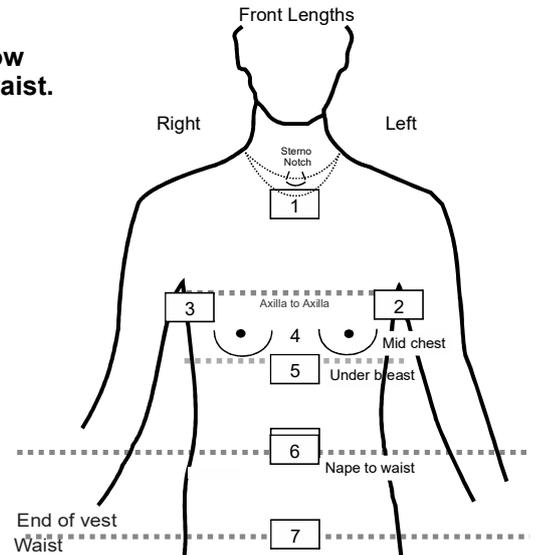
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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

FRONT VEST LENGTH MEASUREMENTS

- All front length measurements are taken from Sterno notch hollow
- at base of neck (nape), at centre front going down towards the waist.
- Arms should be placed at rest by side of body.

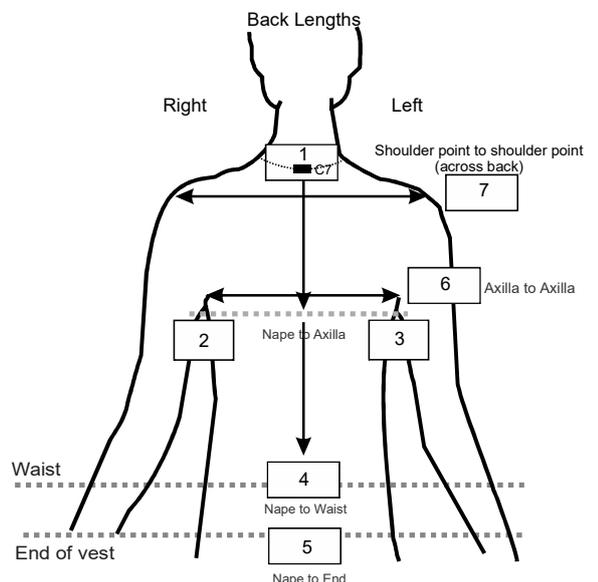
- | | |
|-----|---|
| 1. | Nape Drop - determines depth of neckline |
| 2. | Nape to Axilla level - left |
| 3. | Nape to Axilla level - right |
| 4. | Nape to Mid Chest. |
| 5. | Nape to Under Breast - bra underwire level |
| 6. | Nape to Waist. |
| 7. | Nape to End of Vest - determines vest length |
| 8. | Right Side - underarm to waist |
| 9. | Left Side - underarm to waist |
| 10. | Underarm to end of garment |
| 11. | Right Side - waist up to under breast |
| 12. | Left Side - waist up to under breast |
| 13. | Nipple to Nipple |
| 14. | Armhole Crease to Armhole Crease Across Chest |
| 15. | Shoulder point to Shoulder point |



BACK VEST LENGTH MEASUREMENTS

- All back length measurements are taken from C7 at centre back (nape) going down towards the waist.

- | | |
|----|--|
| 1. | Nape Drop - determines depth of neckline |
| 2. | Nape to Axilla - left |
| 3. | Nape to Axilla - right |
| 4. | Nape to Waist |
| 5. | Nape to End of Vest - determines vest length |
| 6. | Armhole to Armhole Across Back |
| 7. | Shoulder point to Shoulder point |





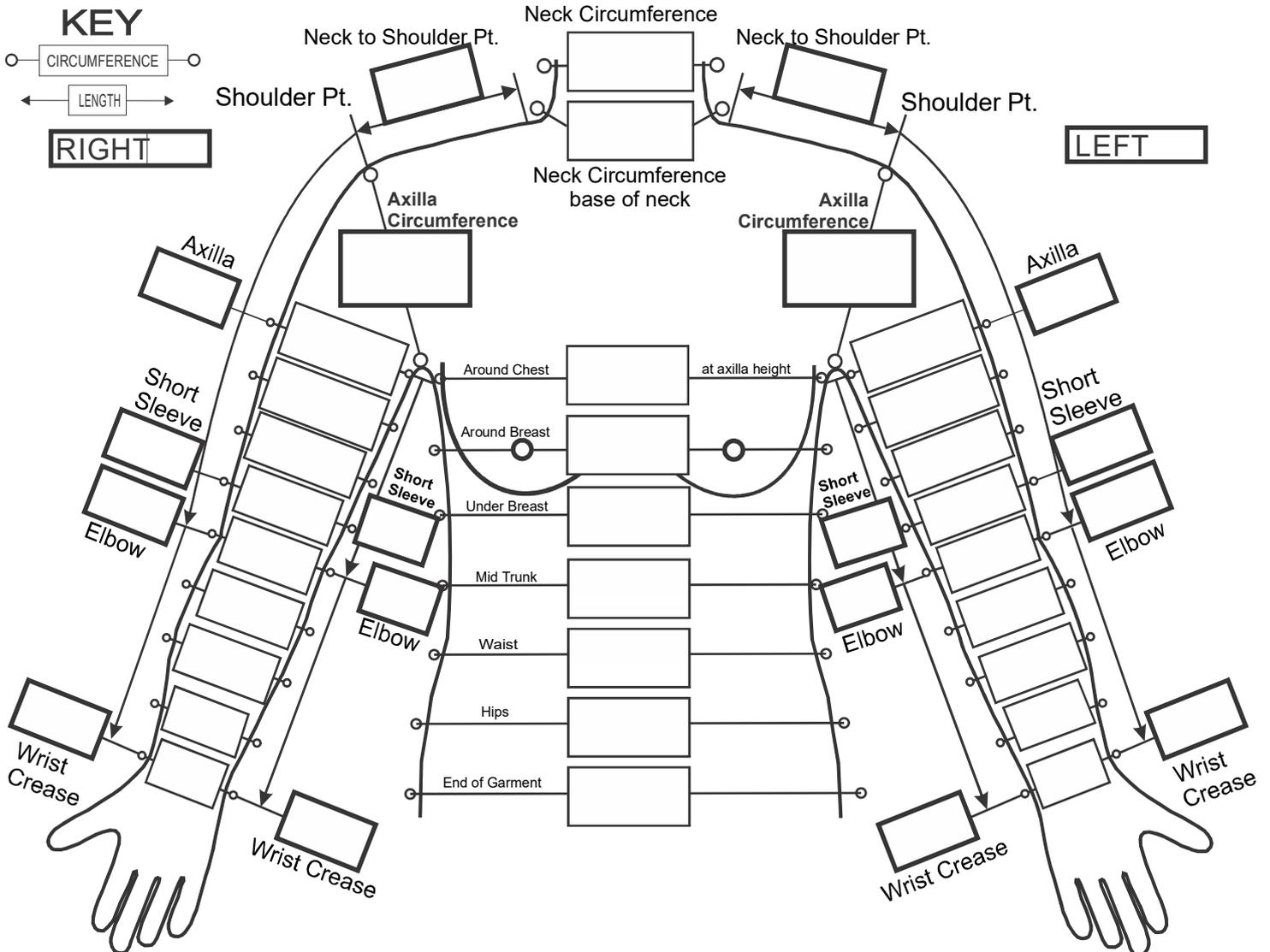
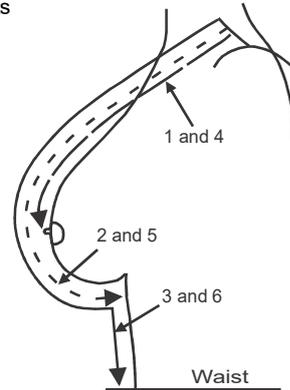
FEMALE VEST MEASUREMENT FORM

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

Measurements required for bra-cup, sports bra and princess lines. Length measurements to determine bra-cup position. Patient to be measured wearing a bra

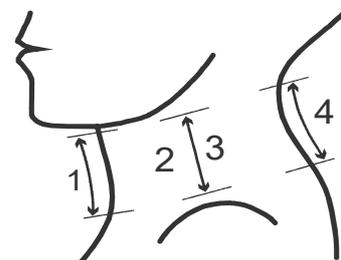
- | | |
|----|--|
| 1. | Mid Shoulder to Nipple - Left |
| 2. | Mid Shoulder over Nipple to under Breast - Left |
| 3. | Mid Shoulder over Nipple to Waist - Left |
| 4. | Mid Shoulder to Nipple - Right |
| 5. | Mid Shoulder over Nipple to under Breast - Right |
| 6. | Mid Shoulder over Nipple to Waist - Right |
| 7. | Bra Cup Size |



If a stovepipe collar is required, please take these measurements:

Height of Neck collar

- | | |
|----|--|
| 1. | Centre front base of neck to collar height |
| 2. | Right side base of neck to collar height |
| 3. | Left side base of neck to collar height |
| 4. | Centre back base of neck to collar height |



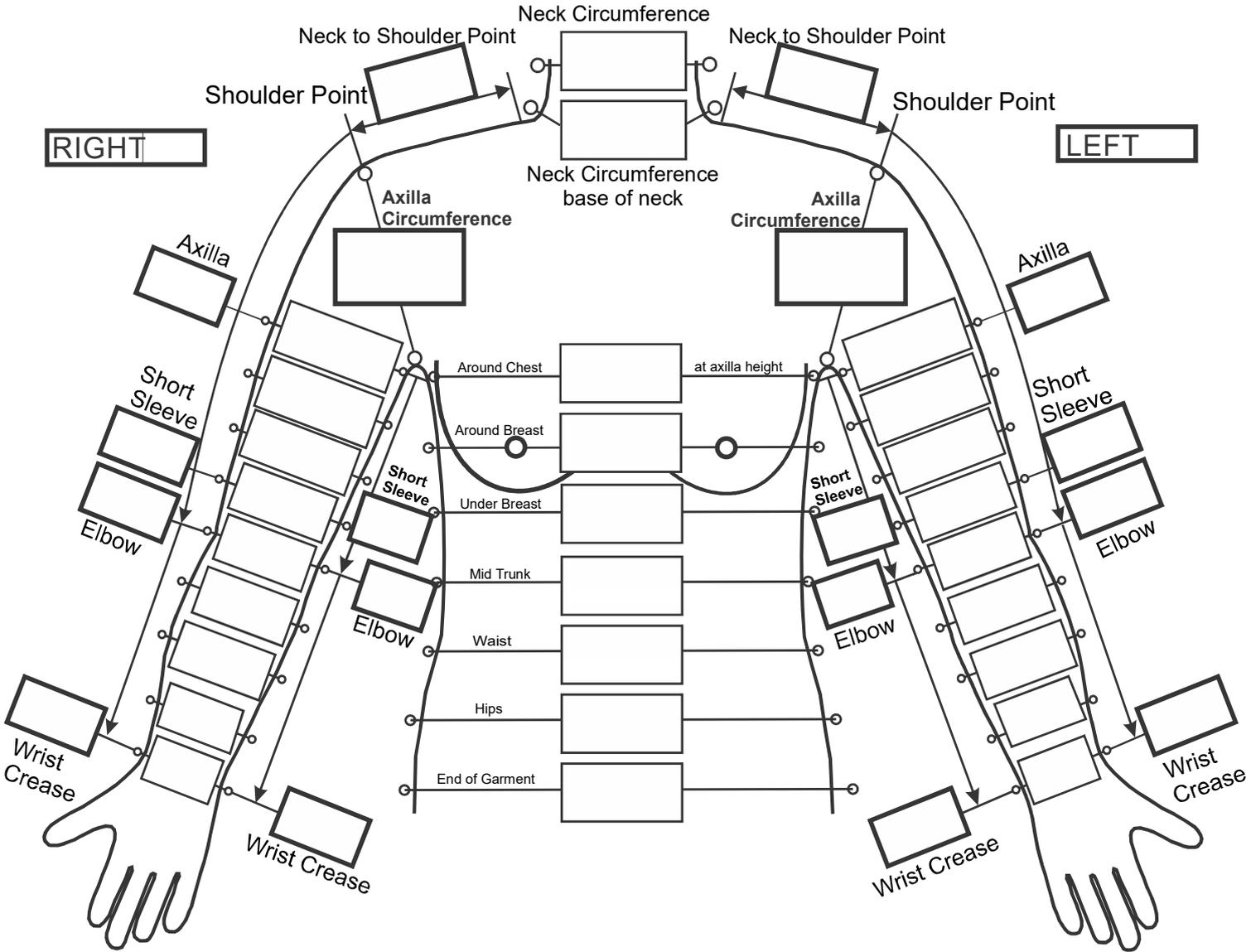
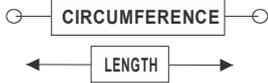


MALE & CHILD VEST MEASUREMENT FORM

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

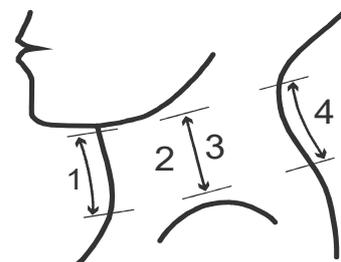
KEY



If a stovepipe collar is required, please take these measurements:

Height of Neck collar

- | | |
|----|--|
| 1. | Centre front base of neck to collar height |
| 2. | Right side base of neck to collar height |
| 3. | Left side base of neck to collar height |
| 4. | Centre back base of neck to collar height |



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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

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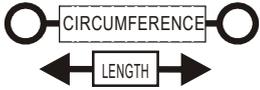


TIGHTS MEAUREMENT FORM

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

KEY



Waist

Hips

Buttocks

R **L**

Knee Crease

Knee

Inside leg to back knee crease

Inside leg to required length

Floor

Inside leg to floor

Above Ankle

Mid Ankle

Under Ankle

Dorsal Ankle Crease

Instep

Metatarsals

To Floor

Girth

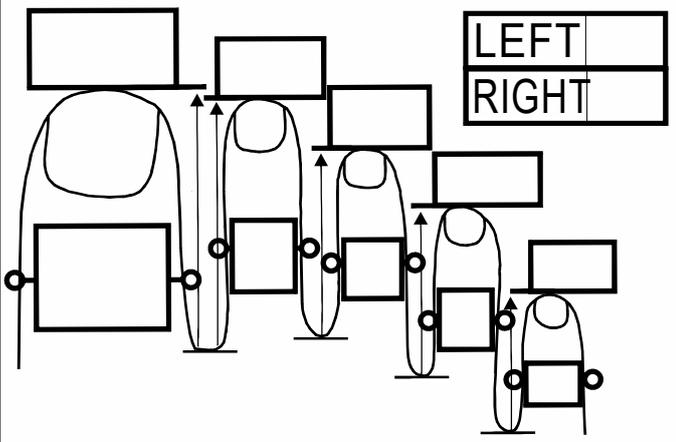
Hold tape firmly from front waist thru crotch to back waist



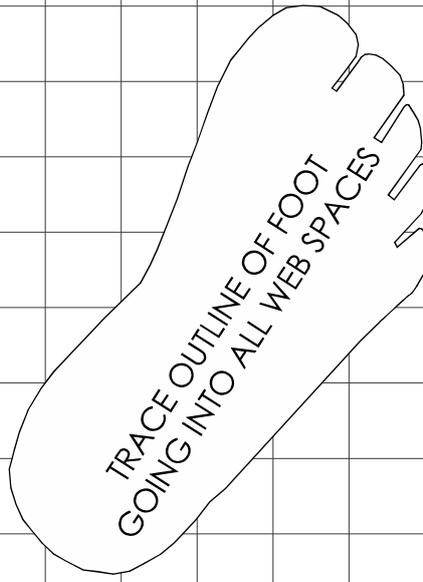
FOOT TRACE FORM

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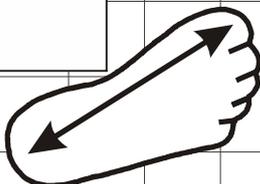
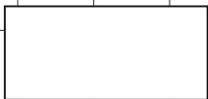
Grid to Scale 1:1 19 cm x 25 cm



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.