

CONFIDENTIAL

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 <input type="checkbox"/>	NO <input type="checkbox"/>	Email <input type="checkbox"/>
			POST/COURIER <input type="checkbox"/>

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.



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			
		- 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

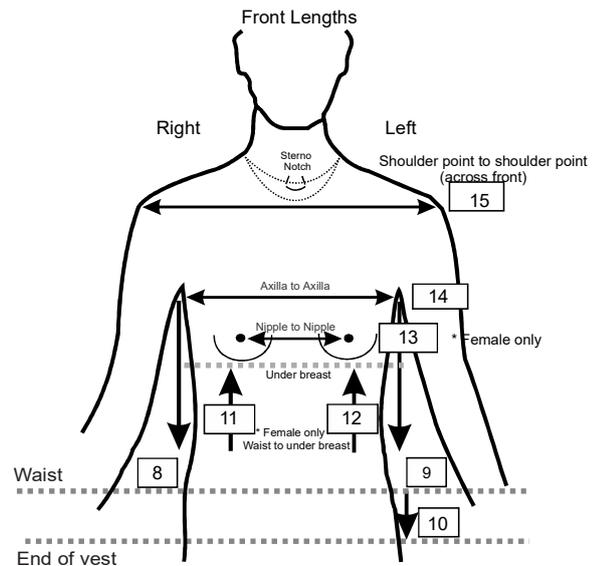
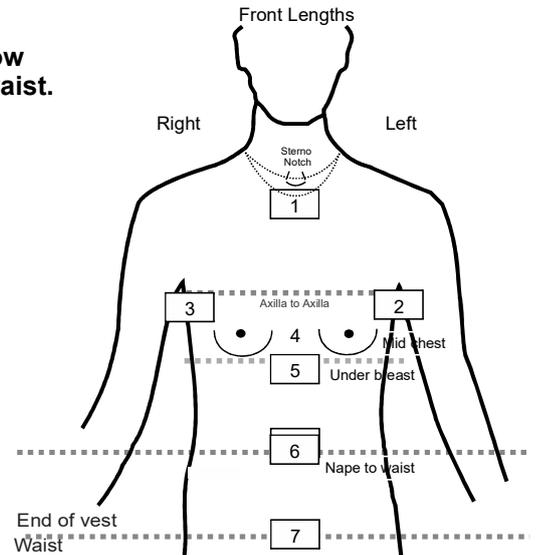
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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

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.

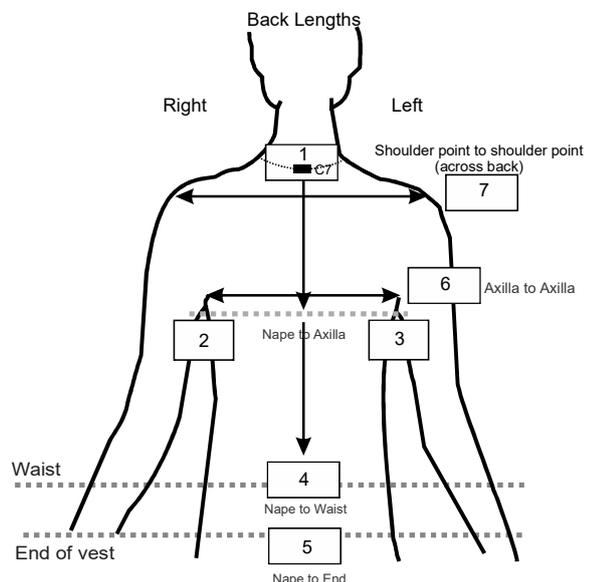
- | | |
|-----|---|
| 1. | Nape Drop - determines depth of neckline |
| 2. | Nape to Axilla level - left |
| 3. | Nape to Axilla level - right |
| 4. | Nape to Mid Chest. |
| 5. | Nape to Under Breast - bra underwire level |
| 6. | Nape to Waist. |
| 7. | Nape to End of Vest - determines vest length |
| 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 |





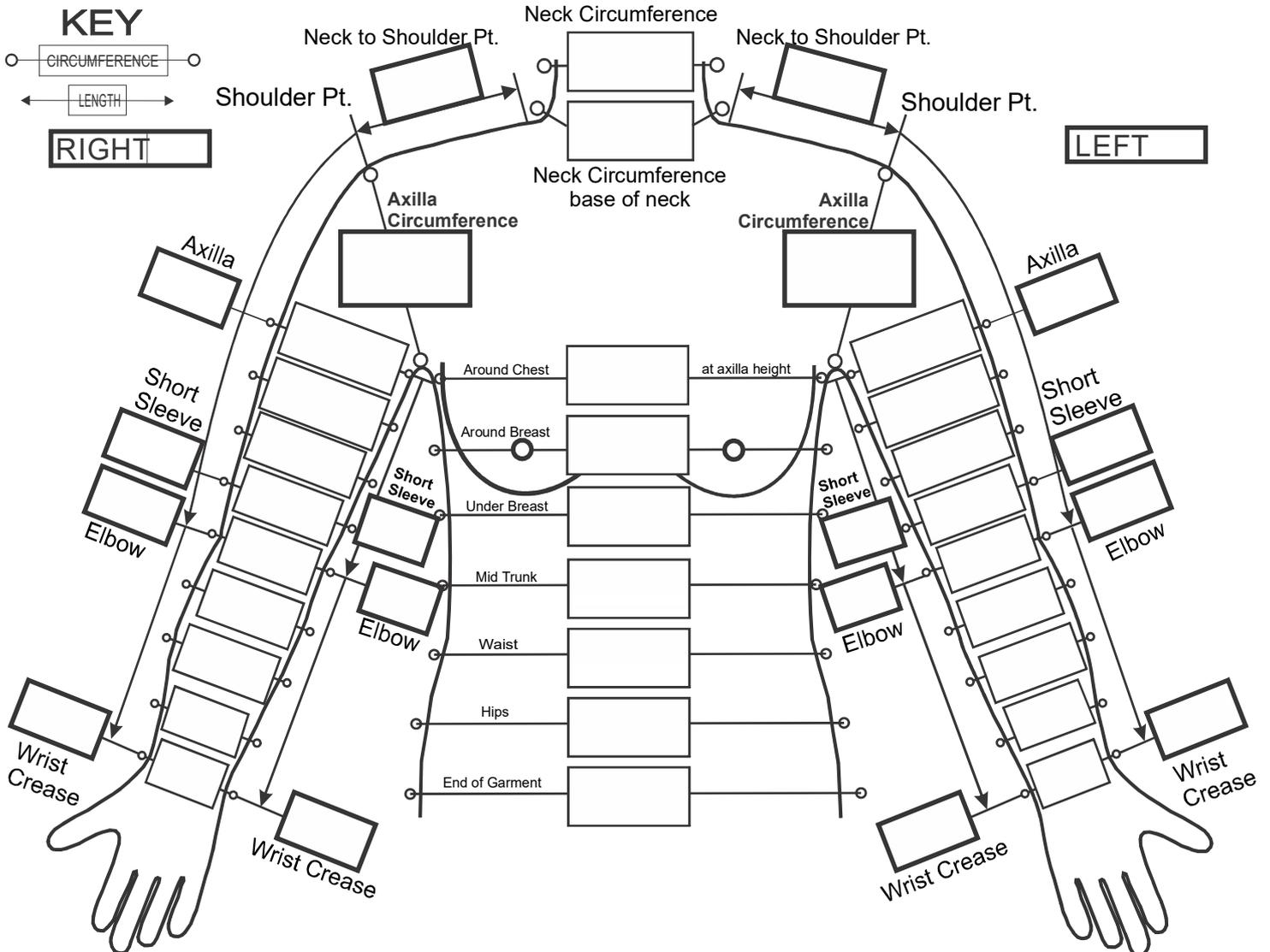
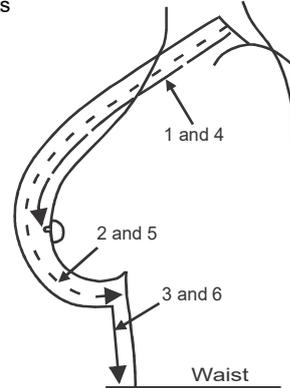
FEMALE VEST MEASUREMENT FORM

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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

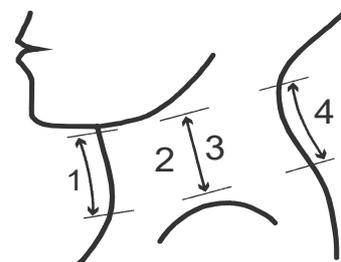
- | | |
|----|--|
| 1. | Mid Shoulder to Nipple - Left |
| 2. | Mid Shoulder over Nipple to under Breast - Left |
| 3. | Mid Shoulder over Nipple to Waist - Left |
| 4. | Mid Shoulder to Nipple - Right |
| 5. | Mid Shoulder over Nipple to under Breast - Right |
| 6. | Mid Shoulder over Nipple to Waist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



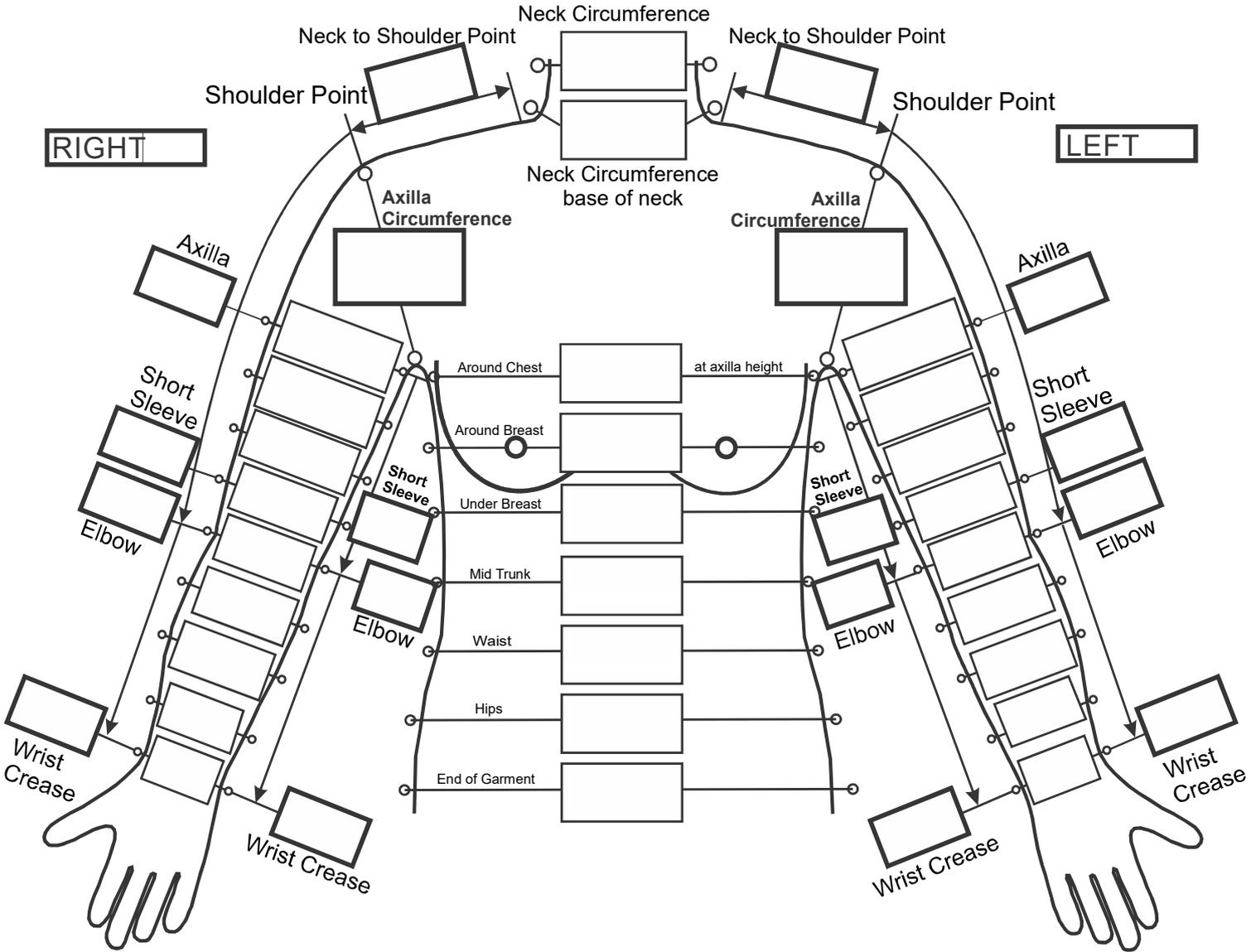
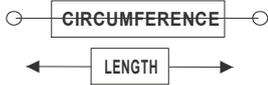


MALE & CHILD VEST MEASUREMENT FORM

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

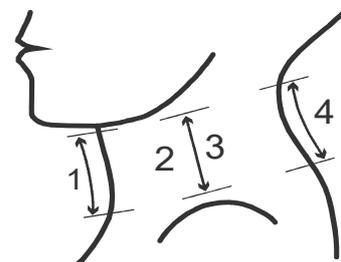
KEY



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 |



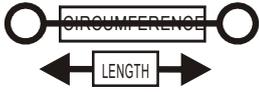


AIO TIGHTS MEASUREMENT FORM

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

KEY



Waist

Hips

Buttocks

R **L**

Waist

Half Girth

Full Girth

Hold tape firmly from front sterno notch hollow through crotch to C7

Hold tape firmly from front waist thru crotch to back waist

L
R

Knee Crease

L
R

Inside leg to back knee crease

L
R

Inside leg to required length

L
R

Inside leg to floor

Instep **Metatarsals**

Above Ankle **R** **L** **Above Ankle**

Mid Ankle **R** **L** **Mid Ankle**

Under Ankle **R** **L** **Under Ankle**

Dorsal Ankle Crease **R** **L** **Dorsal Ankle Crease**

Instep **Metatarsals**

L
R

To Floor

