



PATIENT DETAILS FORM

email: orders@secondskin.com.au

CONFIDENTIAL

PATIENT DETAILS

Date		Order:	New Order ☐	Reorder ☐
Patient: (Surname)		Given Name:		
Preferred Name:		Pronoun:		
Date of Birth:		Gender:		
Street Address:				
Suburb:		City:		Post Code:
State:		Country:		
Patient Phone No:		Other:		
Patient Email:				

HOSPITAL DETAILS

Street Address:			
Suburb:		City:	Post Code:
Therapist Name:		Department:	
Therapist Phone No:		Pager No:	
Therapist Email:			
Photos Sent via:	Online portal (preferred) ☐ Email ☐ Unable to provide ☐		

FUNDING BODY

If funding is through **NDIS** please complete our service agreement.

Company:		Company Email:	
Case Manager:		Case Mgr Email:	
Claim No:		Phone No:	

GARMENTS REQ'D:

Email quote to:		Cc Email:	
Email invoice to:		PO No:	
Shipping details:	Therapist address as above ☐ Patient address as above ☐		
Or Other:			
Date required by:	or standard turn around, 5-7 working days* ☐		

***Second Skin will always endeavor 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 or order queries.

Prescription Form

Amputee lower limb Tights (Page 1 of 2)

CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

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Diagnosis:

- ☐ Burns ☐ Lymphoedema
☐ Trauma ☐ Venous Insufficiency
☐ Neuropathic Pain
☐ Other

Colour: (Powersoft available Dark & Black only)

- ☐ Light ☐ Dark ☐ Black

Stitching:

- ☐ Purple ☐ Green
☐ Pink ☐ Blue
☐ Yellow ☐ White
☐ Red ☐ Orange
☐ Black
☐ Match base fabric

PERSONALISATION - FABRIC TRIM

Your choice matters. Please choose your trim via the QR Code

- ☐ Trim selected via QR Code

Fabric Trim Selection

Your choice matters. If not using link record code here.

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

**STYLE**

- Two leg ☐
One-and-a-half leg ☐
Single leg with attached waist band ☐
Short legs to above knee ☐

FABRIC

- Powernet ☐
Powersoft ☐
Shimmer ☐
Single Hydrophobic ☐
Double Hydrophobic ☐

HYDRO LINING

- Hydro lining to whole garment ☐

FLAP / STUMP**L R**

- Lower limb flap ☐ ☐
Lower limb stump ☐ ☐

CROTCH

- Open ☐
Closed - no 3d shaping front crotch ☐
Closed - includes 3d shaping front crotch ☐
Fly front - includes 3d shaping front crotch ☐

LEG LENGTHS**L R**

- Above knee ☐ ☐
Ankle length ☐ ☐
Including feet ☐ ☐

KNEE GUSSET**L R**

- Posterior knee gusset: Shimmer ☐ ☐
Knee flexion gusset: All Shimmer ☐ ☐
All single Hydrophobic ☐ ☐

KNEE GUSSET CONTINUED**L R**

- All double Hydrophobic ☐ ☐
Powernet anterior ☐ ☐
Powersoft anterior ☐ ☐

KNEE HYDROPHOBIC LINING**L R**

- Anterior ☐ ☐
Posterior ☐ ☐
Circumferential ☐ ☐

ANKLE / CALF SEAM**L R**

- Centre front vertical seam (preferred) ☐ ☐
Ankle crease seam ☐ ☐

DORSAL ANKLE GUSSET**L R**

- None ☐ ☐
Shimmer ☐ ☐
Powernet ☐ ☐
Powersoft ☐ ☐

ADD: Hydrophobic lining

- Single Hydrophobic ☐ ☐
Double Hydrophobic ☐ ☐

TOES**L R**

- Open toe ☐ ☐
Closed toe ☐ ☐
Big toe separate ☐ ☐
Foot glove (includes slant gussets) ☐ ☐
Single Hydro toe cap ☐ ☐
Double Hydro toe cap ☐ ☐
Shimmer toe cap ☐ ☐
Stirrups ☐ ☐

ZIPS - LOWER BODY**L R**

- None in legs ☐ ☐
Waist to thigh high ☐ ☐
Nappy zip (children only) ☐ ☐

ZIPS - LOWER BODY CONTINUED**L R**

- Full length curved into foot ☐ ☐
Below knee ☐ ☐
Posterior straight medial to ankle ☐ ☐
Posterior straight lateral to ankle ☐ ☐
Straight lateral to ankle ☐ ☐
Curved medial into foot ☐ ☐
Curved lateral into foot ☐ ☐

DRESSING ASSIST**L R**

- Zip tab ☐ ☐
Zip tab - (state quantity 1-4) ☐ ☐
Location:

- Zip loopers ☐ ☐
Leather assist ☐ ☐

HYDROPHOBIC LINING SECTIONS DOES NOT APPLY IF FULLY LINED**L R**

- Front brief section ☐ ☐
Back brief section ☐ ☐
Upper anterior leg ☐ ☐
Upper posterior leg ☐ ☐
Upper lateral side ☐ ☐
Upper medial side ☐ ☐
Lower anterior leg ☐ ☐
Lower posterior leg ☐ ☐
Lower lateral side ☐ ☐
Lower medial side ☐ ☐
Dorsum of foot ☐ ☐
Sole ☐ ☐

REINFORCING FABRIC**L R**

- Powernet ☐ ☐
Shimmer ☐ ☐
Powersoft ☐ ☐



Prescription Form

Amputee lower limb Tights (Page 1 of 2)

CLIENT SURNAME:

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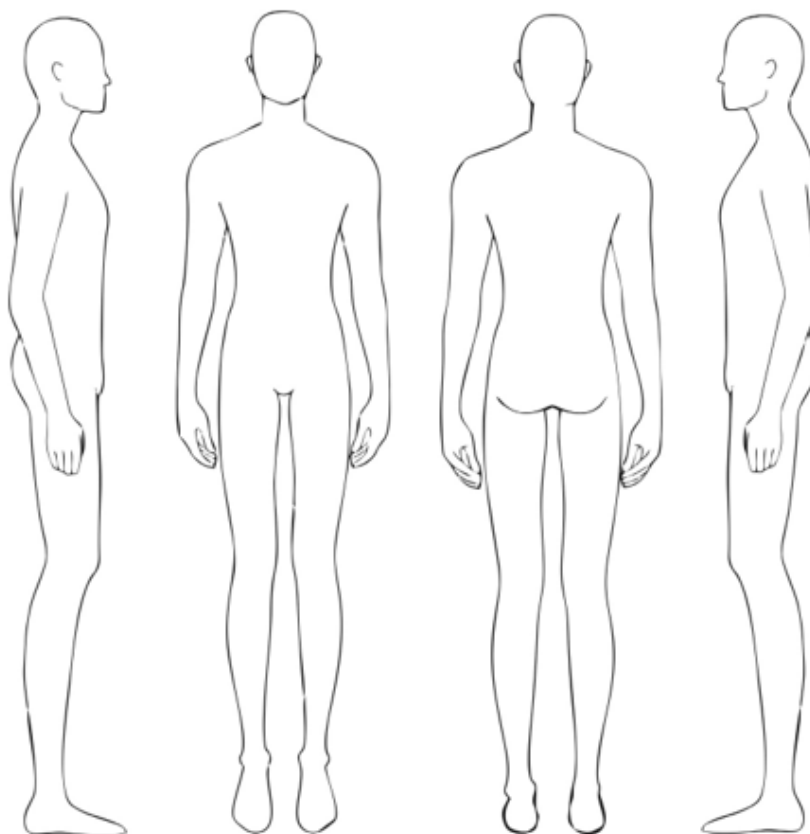
DATE:

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REINFORCING LOCATION	L	R
Front brief section	☐	☐
Back brief section	☐	☐
Upper anterior leg	☐	☐
Upper posterior leg	☐	☐
Upper lateral side	☐	☐
Upper medial side	☐	☐
Lower anterior leg	☐	☐
Lower posterior leg	☐	☐
Lower lateral side	☐	☐
Lower medial side	☐	☐
Dorsum of foot	☐	☐
Sole	☐	☐
LEATHER SOLE	L	R
Sole	☐	☐
LEATHER HEEL	L	R
Heel	☐	☐
SPLINTING OPTIONS REQUIRES 2 X LAYERS OF FABRIC	L	R
Shimmer / Hydrophobic	☐	☐
Double Hydrophobic	☐	☐
SPLINTING OPTIONS	L	R
Big toe abduction	☐	☐
Toe extension	☐	☐
Lengthen instep	☐	☐
MISCELLANEOUS	L	R
Lower leg centre back vertical seam (for full calf shaping)	☐	☐
DEFICIT PAD	L	R
Without pocket	☐	☐
With pocket	☐	☐

SILICONE ELASTIC CHOOSE 1 LOCATION ONLY	L	R
Posterior to anchor back waist in position	☐	☐
Anterior to anchor front brief on fuller abdomens	☐	☐
ADDITIONAL OPTIONS	L	R
Colostomy Site with pouch & zip Access	☐	☐
Hernia support	☐	☐
Shaped abdomen	☐	☐
Pregnancy panel	☐	☐
Scrotal support	☐	☐
Soft braces with Velcro closure	☐	☐

SILICONE LINING Silon-Tex®II USED TO MANAGE APPEARANCE OF SCARS	L	R
Photos provided or	☐	☐
Draw location on assessment drawings	☐	☐
Small: 3 x 8 cm	☐	☐
Medium: 6 x 12cm	☐	☐
Large: 12 x 18cm	☐	☐
A5 size: 15 x 21cm	☐	☐
A4 size: 21 x30cm	☐	☐
Pocket and deficit pad - silicone on pocket only (photos required)	☐	☐
Deficit pad only (silicone one side)	☐	☐



Notes/Designs & Silicone Options:

Please note any further design options you require. Please call our design department in Perth (+61 8 9201 9455) for any queries.



KEY

CIRCUMFERENCE

LENGTH

Waist

Hips

Buttocks

R

L

Knee Crease

Waist

Girth

Hold tape firmly from front waist thru crotch to back waist

Knee

Floor

Inside leg to back knee crease

Inside leg to required length

Inside leg to floor

Above Ankle

Mid Ankle

Under Ankle

Dorsal Ankle Crease

Instep

Metatarsals

To Floor

Measurement Form

Amputee lower limb Tights (Page 2 of 3)

CLIENT SURNAME:

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Design Options:

L R

Waist height, one stump

☐ ☐

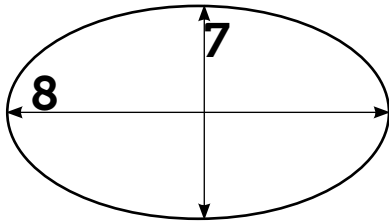
Stump support below knee

☐ ☐

Stump support above knee

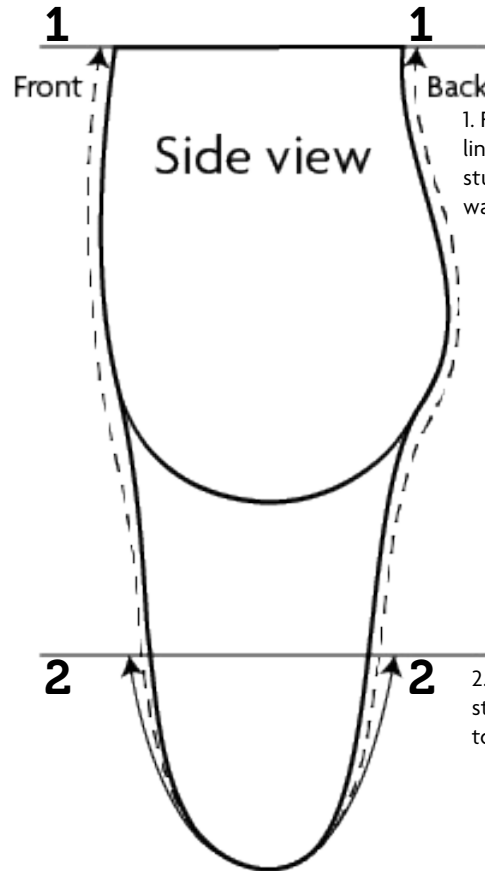
☐ ☐

Cross section off stump



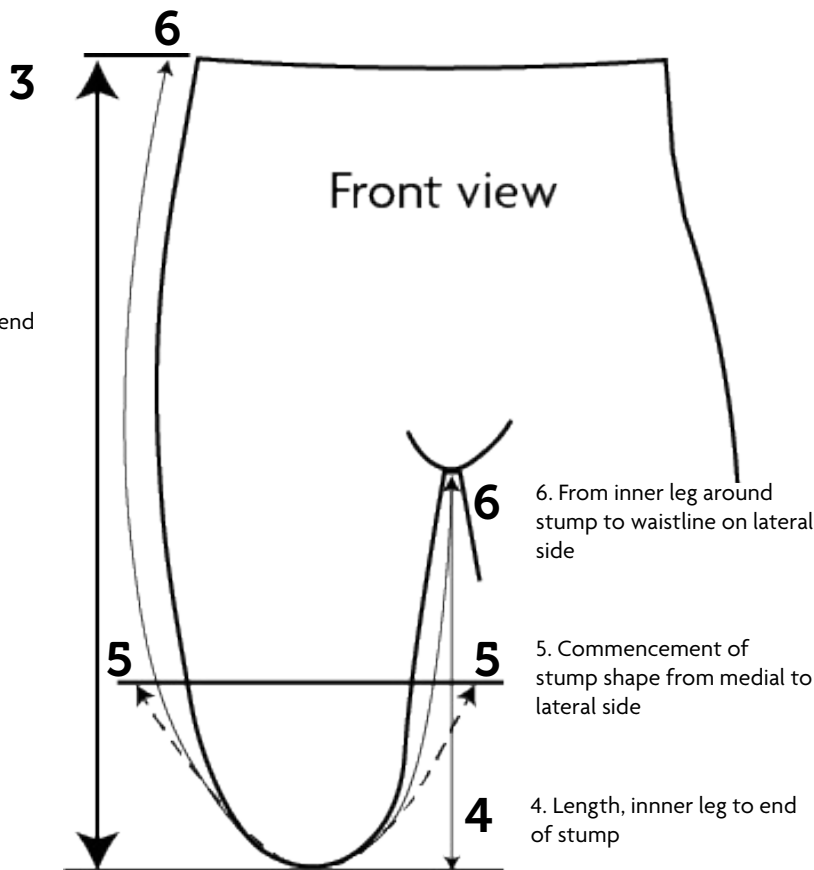
7. Cross section of stump

8. Cross section of stump



1. From centre front waistline down leg and around stump and finishing at back waistline.

2. Commencement of stump shape from anterior to posterior



3. Length from waist to end of stump

6. From inner leg around stump to waistline on lateral side

5. Commencement of stump shape from medial to lateral side

4. Length, inner leg to end of stump



Trace Form

Foot Trace

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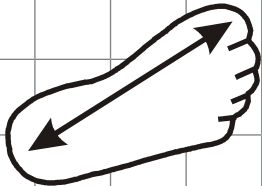
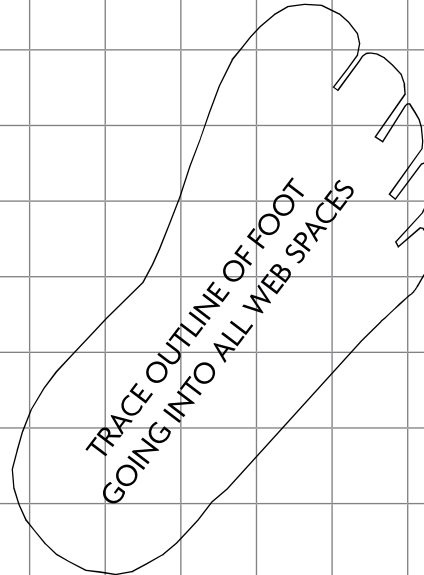
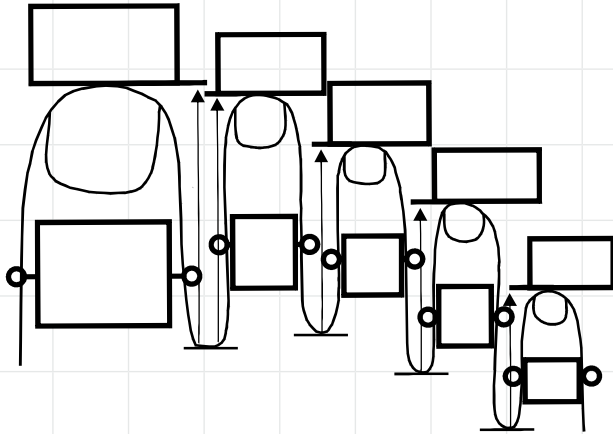
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Scale 1:1 – Bar = 10 cm (Each box = 1 cm × 1 cm)



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 the toe.
- Length measurements are taken from web space to tip of toe on the side of the toe as indicated with a length arrow.

IMPORTANT: Sole Length
(Measure length of sole on foot trace from tip of big toe to tip of heel)

