

**CONFIDENTIAL**

PAGE NO: \_\_\_\_\_



# SECOND SKIN PTY LTD

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

Existing Patient

New Patient

## PATIENT DETAILS FORM

Date:	New Order (✓)	Reorder (✓)	
<b>PATIENT: (Surname)</b>		<b>(Given Names)</b>	
Date of Birth:		M <input type="checkbox"/>	F <input type="checkbox"/>
Patient Address:		Post Code:	
Patient Phone No: (Home)		(Work)	
<b>HOSPITAL:</b>		<b>Order Number:</b>	
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"/>

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

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.



## AMPUTEE LOWER LIMB 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		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		Below knee - straight lateral to ankle			
	L	R	Below knee - curved medial into foot		
Above knee			Below knee - curved lateral into foot		
Ankle length			10. Reinforcing	L	R
Including feet			Shimmer		
5a. Knee Gusset		L	R	Powernet	
Posterior knee gusset - shimmer				Powersoft	
Knee flexion gusset - all shimmer				Sole	
Knee flexion gusset - powernet anterior				Sole leather	
Knee flexion gusset - powersoft anterior				Heel	
Knee flexion gusset - all single hydrophobic				Dorsum of foot	
Knee flexion gusset - all double hydrophobic				Lower leg - anterior	
5b. Hydrophobic Lining - Knee				Lower leg - posterior	
(a) anterior				Full leg - anterior	
(b) posterior				Full leg - posterior	
(c) circumferential				11. Additional Options	
6. Dressing Assist				Colostomy site with hole and zip access	
Zip tab				Shaped abdomen	
Zip looper				Pregnancy panel	
Leather assist				Soft braces with velcro closure	

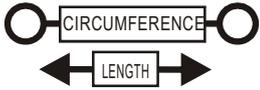
Note any further design options you require. Call our design department in Perth (08 9201 9455) for any queries



# TIGHTS MEASUREMENT FORM

Client: \_\_\_\_\_

## KEY



**Waist**

**Hips**

**Buttocks**

**R** **L**

**Waist**  **Girth**

Hold tape firmly from front waist thru crotch to back waist

**Knee**

L	<input type="text"/>
R	<input type="text"/>

 Inside leg to back knee crease

L	<input type="text"/>
R	<input type="text"/>

 Inside leg to required length

**Floor**

L	<input type="text"/>
R	<input type="text"/>

 Inside leg to floor

L	<input type="text"/>
R	<input type="text"/>

 Knee Crease

**Above Ankle**

R	<input type="text"/>	L	<input type="text"/>
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**Above Ankle**

**Mid Ankle**

R	<input type="text"/>	L	<input type="text"/>
---	----------------------	---	----------------------

**Mid Ankle**

**Under Ankle**

R	<input type="text"/>	L	<input type="text"/>
---	----------------------	---	----------------------

**Under Ankle**

**Dorsal Ankle Crease**

R	<input type="text"/>	L	<input type="text"/>
---	----------------------	---	----------------------

**Dorsal Ankle Crease**

**Instep**  **Metatarsals**

**Instep**  **Metatarsals**

L	<input type="text"/>
R	<input type="text"/>

 To Floor