



PATIENT DETAILS FORM

email: orders@secondskin.com.au

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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.

CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

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	L	R	ELBOW - FLEX'N GUSSET continued	L	R	ZIPS - continued	L	R
Arm Sleeve (wrist to axilla)	☐	☐	Single Hydrophobic	☐	☐	Upper Arm (extends from elbow to point of shoulder)	☐	☐
Tailored Arm Sleeve	☐	☐	Double Hydrophobic	☐	☐			
Style 1 - thin adjustable elastic strap	☐	☐	HYDROPHOBIC LINING ELBOW	L	R	Full Length (extends from MCP or wrist to point of shoulder)	☐	☐
Style 2 - fabric strap w velcro closure	☐	☐	Anterior Elbow	☐	☐	DRESSING ASSIST	L	R
Style 3 - fabric strap crossing at side, wrapping around & anchoring at waist	☐	☐	Posterior Elbow	☐	☐	Zip tab - (state quantity 1-4)		
Style 4 - Under Axilla or	☐	☐	Circumferential Elbow	☐	☐	Zip loopers	☐	☐
Style 4 - Under Breast	☐	☐	HYDROPHOBIC LINING SECTIONS	L	R	Leather assist	☐	☐
WITH (include glove px)	L	R	Does not apply if fully lined			REINFORCING	L	R
Attached Gauntlet	☐	☐	Forearm	☐	☐	Shimmer	☐	☐
Detached Gauntlet	☐	☐	Dorsum	☐	☐	Powernet	☐	☐
Attached MCP Gauntlet	☐	☐	Palmar	☐	☐	Powersoft	☐	☐
Detached MCP Gauntlet	☐	☐	Radial	☐	☐	REINFORCING LOCATION	L	R
Attached Glove	☐	☐	Lateral	☐	☐	Forearm	☐	☐
Detached Glove	☐	☐	Upper Arm	☐	☐	Dorsum	☐	☐
FABRIC	L	R	Anterior	☐	☐	Palmar	☐	☐
Powernet	☐	☐	Posterior	☐	☐	Radial	☐	☐
Powersoft	☐	☐	Medial	☐	☐	Lateral	☐	☐
Shimmer	☐	☐	Lateral	☐	☐	Upper Arm	☐	☐
Single Hydrophobic	☐	☐	HYDROPHOBIC LINING GLOVE			Anterior	☐	☐
Double Hydrophobic	☐	☐	Attached Glove - refer to Glove px	☐	☐	Posterior	☐	☐
HYDRO LINING	L	R	Detached Glove - refer to Glove px	☐	☐	Medial	☐	☐
Hydro lining to whole garment	☐	☐	HYDROPHOBIC SHOULDER CAP FABRIC	L	R	Lateral	☐	☐
FLAP / STUMP	L	R	Double Hydro	☐	☐	Attached Glove - refer to Glove px	☐	☐
Upper limb flap	☐	☐	ZIPS	L	R	Detached Glove - refer to Glove px	☐	☐
Upper limb stump	☐	☐	None in arms	☐	☐	ELASTIC OPTIONS (applies to arm sleeve only)	L	R
ELBOW - FLEXION GUSSET	L	R	Forearm (extends from MCP or wrist to below elbow)	☐	☐	Wide elastic	☐	☐
All Shimmer	☐	☐	Radial	☐	☐	Silicone elastic	☐	☐
Shimmer Anterior & Powernet Posterior	☐	☐	Ulnar	☐	☐			
Shimmer Anterior & Powersoft Posterior	☐	☐						



Prescription Form

AMPUTEE UPPER LIMB

ARM SLEEVE & TAILORED ARM SLEEVE

(Page 1 of 2)

CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

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SILICON LINED FABRIC

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 ☐ ☐

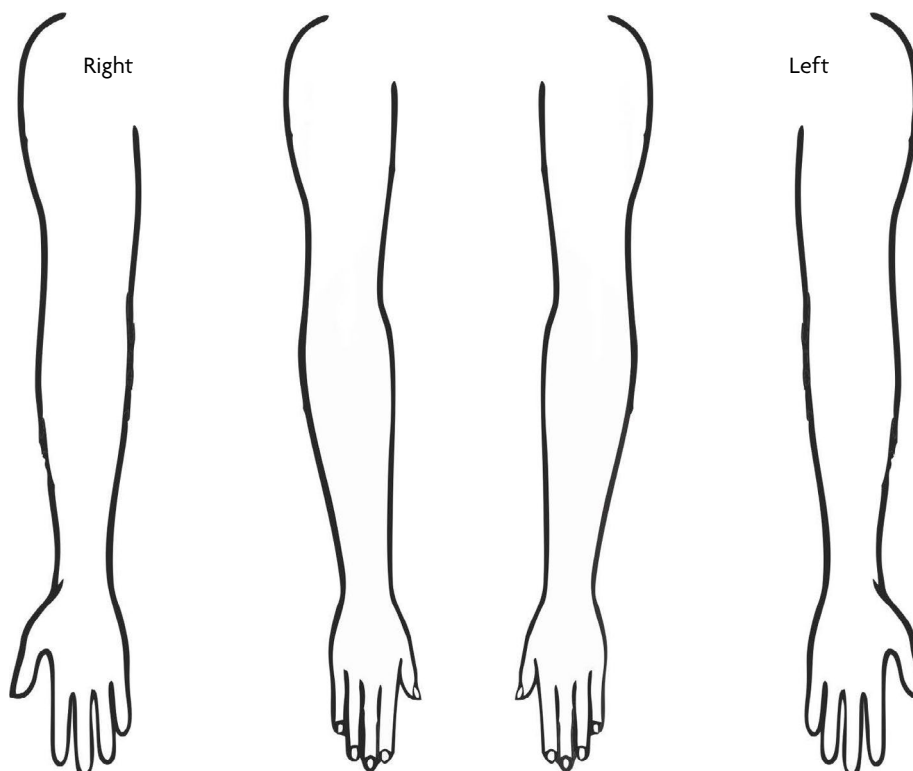
A5 size: 15 x 21cm ☐ ☐

A4 size: 21 x 30cm ☐ ☐

Pocket and Deficit pad (Photos required) ☐ ☐

Attached Glove - refer to Glove px ☐ ☐

Detached Glove - refer to Glove px ☐ ☐



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.



Measuring Form

AMPUTEE UPPER LIMB

ARM SLEEVE & TAILORED ARM SLEEVE

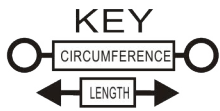
(Page 1 of 2)

CLIENT SURNAME:

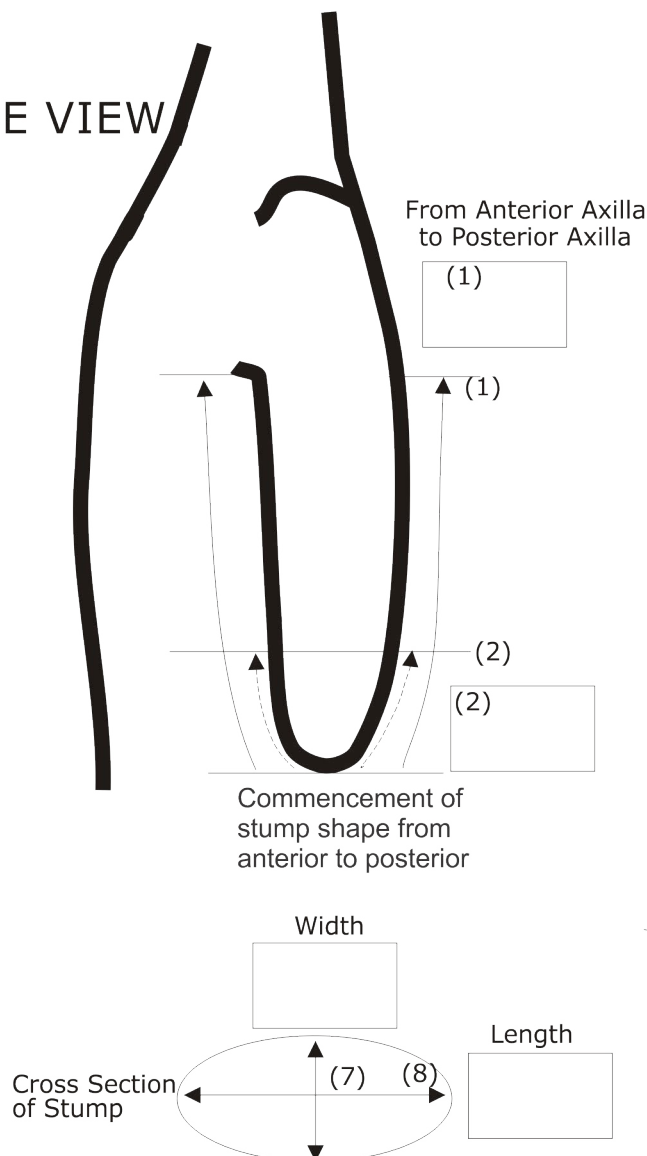
CLIENT FIRST NAME:

DATE:

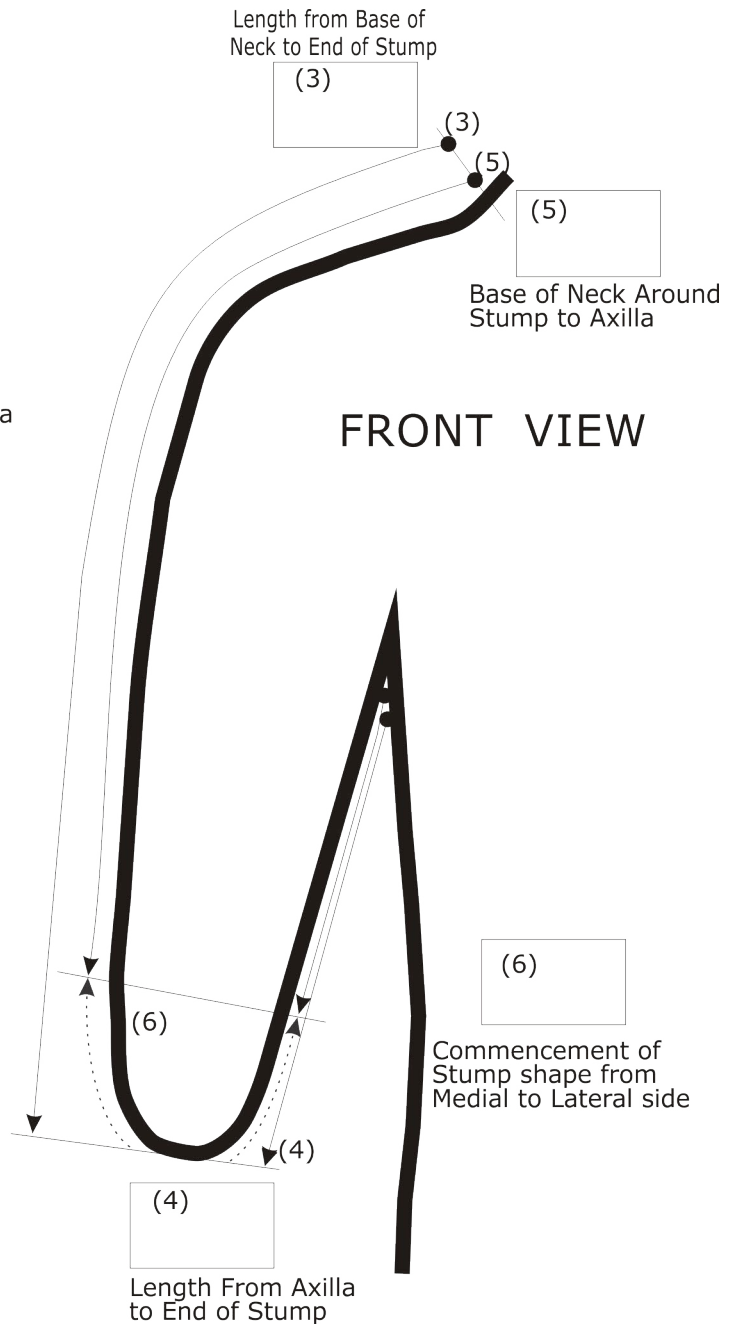
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SIDE VIEW



FRONT VIEW



Measuring Form

AMPUTEE UPPER LIMB

ARM SLEEVE & TAILORED ARM SLEEVE

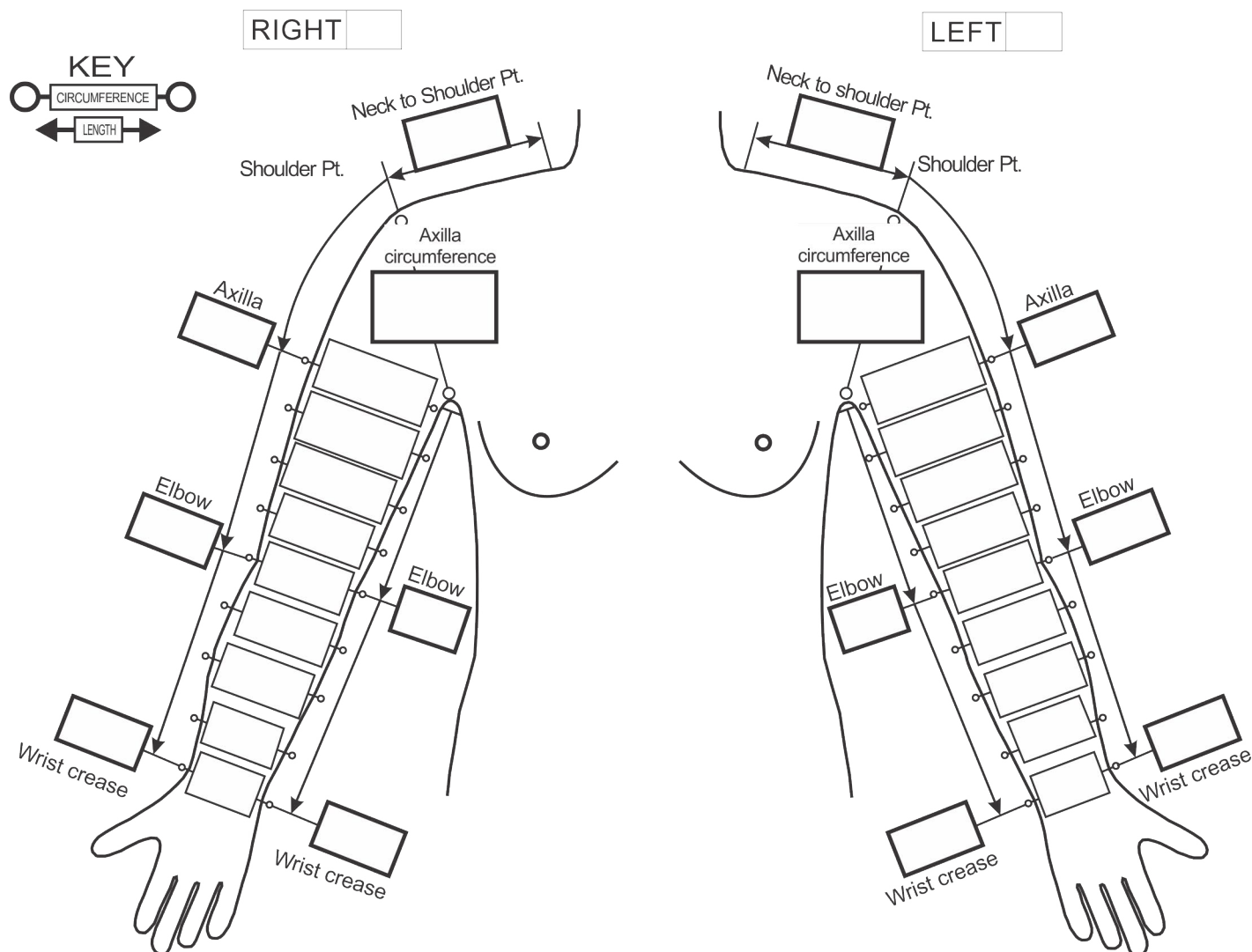
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CLIENT SURNAME:

CLIENT FIRST NAME:

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Strap length required

NB: See diagram for placement of strap

