

**CONFIDENTIAL**

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# 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.



**ARM SLEEVE & TAILORED ARM SLEEVE  
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		L	R	4. Elbow Gusset		L	R
Arm Sleeve (wrist to axilla)				<b>Flexion Gusset</b>			
Tailored Arm Sleeve	Style 1			(a) All Shimmer			
	Style 2			(b) Shimmer ant & Powernet post			
	Style 3			(c) Shimmer ant & post Powersoft			
	Style 4	Version 1 Under Axilla			(d) Single Hydrophobic		
Version 2 Under Breast				(e) Double Hydrophobic			
<b>With</b>	Attached Gauntlet			<b>Hydrophobic Lining</b>			
	Detached Gauntlet			(a) Anterior elbow			
	Attached MCP Gauntlet			(b) Circumferential elbow			
	Detached MCP Gauntlet			<b>5. Zips</b>		<b>L</b>	<b>R</b>
	Attached Glove			None			
	Detached Glove			Forearm - extends from MCP or wrist to below elbow			
<b>2. Fabric</b>		<b>L</b>	<b>R</b>	Upper arm - extends from elbow to point of shoulder			
	Powernet			Full length - extends from MCP or wrist to point of shoulder			
	Powersoft						
	Shimmer						
	Single Hydrophobic						
	Double Hydrophobic						
<b>3. Zip Location</b>				<b>6. Dressing Assist</b>		<b>L</b>	<b>R</b>
	Ulnar			Zip tabs			
	Radial			Zip loopers			
	Mid Dorsal			Leather assist			
	Dual						

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

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# ARM SLEEVE & TAILORED ARM SLEEVE MEASUREMENT FORM

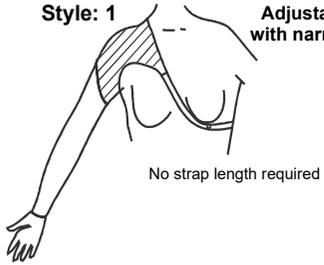
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CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

## Strap length required

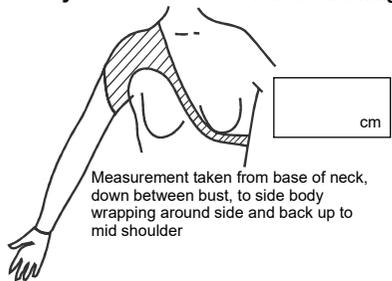
NB: See diagram for placement of strap

**Style: 1** Adjustable strap with narrow elastic



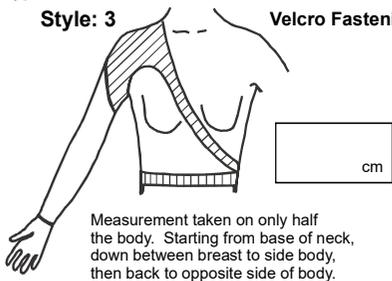
No strap length required

**Style: 2** Velcro Fastening



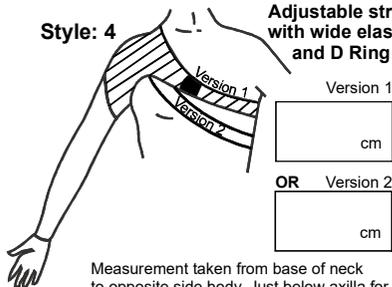
Measurement taken from base of neck, down between bust, to side body wrapping around side and back up to mid shoulder

**Style: 3** Velcro Fastening



Measurement taken on only half the body. Starting from base of neck, down between breast to side body, then back to opposite side of body.

**Style: 4** Adjustable strap with wide elastic and D Ring



Measurement taken from base of neck to opposite side body. Just below axilla for version 1 OR under breast for version 2, wrapping around side and back up to mid shoulder

