



# SECOND SKIN PTY LTD

40 O'MALLEY STREET, OSBORNE PARK WA 6017
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 N	ames)									
Date of Birth:			M 🗆	F 🗆							
Patient Address:											
		Post	Code:								
Patient Phone No: (Home)		(Work)									
HOSPITAL:		Orde	er Number:								
Hospital Address:											
Post Code:											
Therapist Name: Department:											
Therapist Phone No:		Page	r No:								
Therapist Email											
Photo Sent (✓) YES NO	Email		POST/COURIER								
GARMENT/GARMENTS REQUIRED:											
SEND ACCOUNT TO: (Include Claim/Refer	rence Number)										
SEND GARMENT TO: Therapist - address a	s above (✓)	Patie	ent - address as above (	<b>√</b> )							
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.

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OSBORNE PARK WA 6017

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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	ALL IN ONE PRE	SCF	RIPTI	ON FORM (PAGE 1 OF 2)		
Colour: Light   Dark   Black   (Powersoft available - Dark and Black only)  Garment personalisation: Please choose certality as garments cannot be exchangedeleumed for change of mind or incorrect choice  Stitching colour: (Circle one only)   Pink/Yellow/Green/Pink/Bloue/Yellow/White/Red/Orange  Trim Colour: (Circle one only)   Pink/Yellow/Green/Pink/Bloue/Yellow/White/Red/Orange  Motif Colour: (Circle one only)   Pink/Yellow/Green/Pink/Penkov/Red/Black/White  Motif: (Choose one only)   Motif colour: (Choose one only)	CLIENT SURNAME: GI	VEN N	NAME:		_/	/
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Trim Colour: (Circle one only) Pink/Yellow/Green/Purple/Navy/Red/Black/White  Motif: (choose one only)						
Motif colour: (choose one only)	Stitching colour: (Circle one only) Purple/Green/Pink/Blu	ie/Yello	ow/Whi	te/Red/Orange		
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One and a half leg				" '		_
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Panty girdle						+
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All in one (see all in one form)		<del>                                     </del>				_
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Knee flexion gusset - all single hydrophobic Knee flexion gusset - all double hydrophobic  Dorsum of foot  Lower leg - anterior  (a) anterior (b) posterior (c) circumferential  Full leg - posterior  Full leg - posterior  Full leg - posterior  Full leg - posterior  Colostomy site with hole and zip access  Zip looper  Leather assist  Pregnancy panel  Soft braces with velcro closure	Knee flexion gusset - powernet anterior			Sole		
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Lower leg - anterior   Lower leg - posterior   Lower leg - posterior   Eull leg - anterior   Eull leg - anterior   Eull leg - anterior   Eull leg - posterior	Knee flexion gusset - all single hydrophobic			Heel		
(a) anterior (b) posterior (c) circumferential  6. Dressing Assist Zip tab Zip looper Leather assist  Colostomy site with hole and zip access  Pregnancy panel Soft braces with velcro closure	<u> </u>			Dorsum of foot		
(b) posterior (c) circumferential  Full leg - anterior Full leg - posterior  Full leg - anterior  Full leg - posterior  Anterior  Shaped abdomen  Pregnancy panel  Soft braces with velcro closure	5b. Hydrophobic Lining - Knee			Lower leg - anterior		
(c) circumferential  Full leg - posterior  11. Additional Options  Zip tab  Colostomy site with hole and zip access  Zip looper  Shaped abdomen  Leather assist  Pregnancy panel  Soft braces with velcro closure	(a) anterior			Lower leg - posterior		
6. Dressing Assist  Zip tab  Colostomy site with hole and zip access  Zip looper  Shaped abdomen  Leather assist  Pregnancy panel  Soft braces with velcro closure	(b) posterior			Full leg - anterior		
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Soft braces with velcro closure		<u> </u>	$\bot$	· · · · · · · · · · · · · · · · · · ·		
	Leather assist	<u> </u>				
Note any further design options you require. Call our design department in Perth (08 9201 9455) for any queries			$\perp$	Soft braces with velcro closure		
Note any further design options you require. Oan our design department in Fertific (00 3201 3400) for any queries	Note any further design ontions you require. Call our design	an den	artment	in Perth (08 9201 9455) for any queries		
	Note any further design options you require. Oan our design			in Fertil (00 3201 3400) for any queries		

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## ALL IN ONE PRESCRIPTION FORM (PAGE 2 OF 2)

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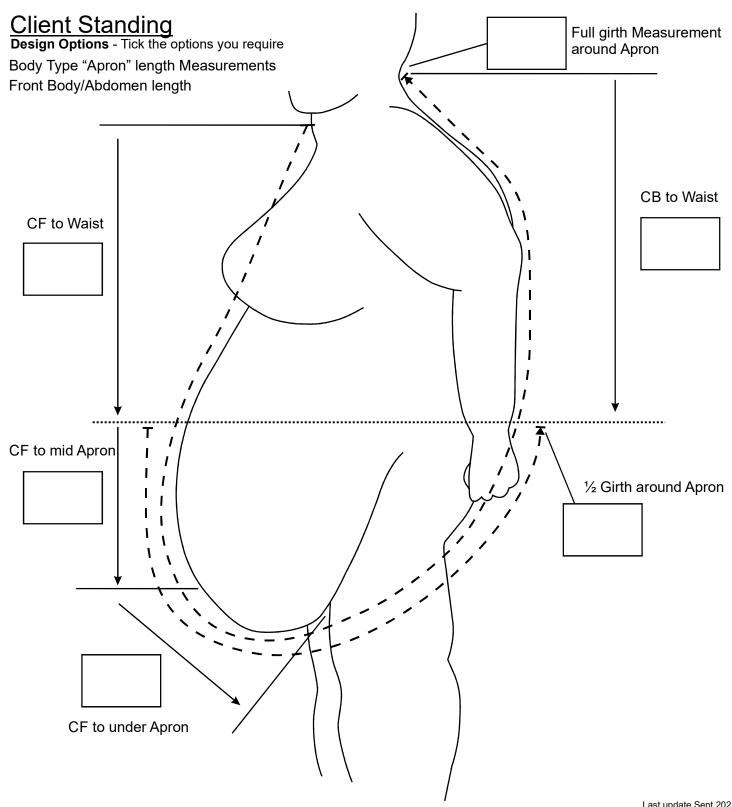
the transfer of the transfer o	L	R	6.	Shoulder/Upper Trunk  Splinting for postural correction Please send photos  Hydrophobic Lining  (a) Neckline  (b) Stove pipe collar  (c) Armholes on sleeveless garment  (d) Other - please specify below  Zips Upper Body  Front  Back		
net post	L			Please send photos  Hydrophobic Lining  (a) Neckline  (b) Stove pipe collar  (c) Armholes on sleeveless garment  (d) Other - please specify below  Zips Upper Body  Front  Back		
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				Offset to (R)		
	1		7b.	Zips in Sleeves	L	
	1			None in arms		
	1			Full length arm - neckline to wrist		
		R		Upperarm - neckline to above elbow		
				Shoulder point to wrist		
			7c.	Forearm - Radial		
rsoft post NEW!!				Ulnar		
				Mid dorsal		
			8.	Dressing Assist	L	
				Zip tab		
				Zip loopers		
,				Leather Assist		
	all our desi	all our design depa	all our design department		Zip loopers	Zip tab  Zip loopers  Leather Assist

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DATE: \_\_\_/\_\_\_/\_\_\_

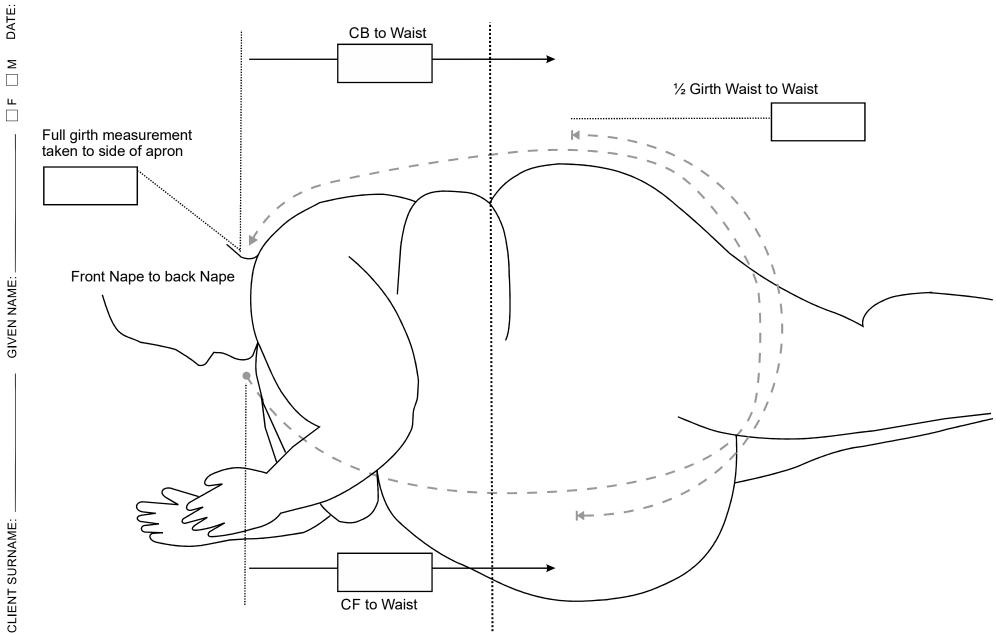


#### Bariatric Client with Body Type "Overhanging Apron"

This form accompanies the Tights and Vest Form

Girth Measurements preferably taken In lying to side of "Apron".

Client in lying



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#### Bariatric Client with Body Type "Overhanging Apron"

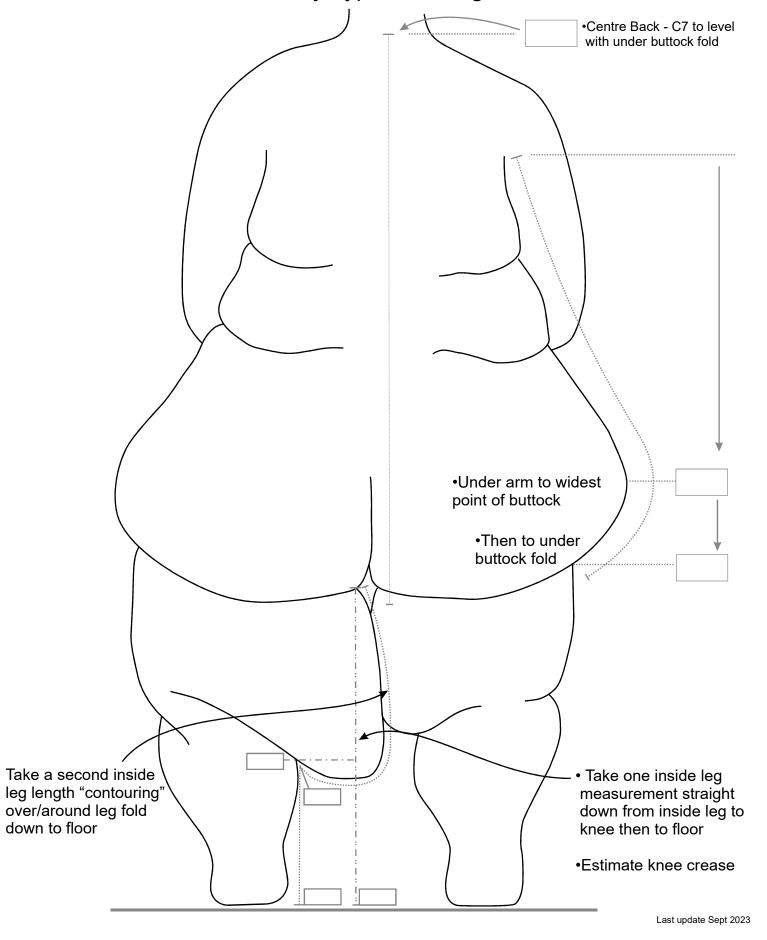
This form accompanies the Tights & Vest Form Circumference Measurements preferably taken in standing ABOVE CHEST MID CHEST **UNDER CHEST** MID TRUNK WAIST **HIPS BUTTOCKS AROUND APRON** BUTTOCK UNDER APROM AROUND APRON ONLY AROUND APRON ONLY In standing lean forward position tape measure & re stand then take circumference

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#### Bariatric Client with Body Type "Left Leg & Buttock Folds"

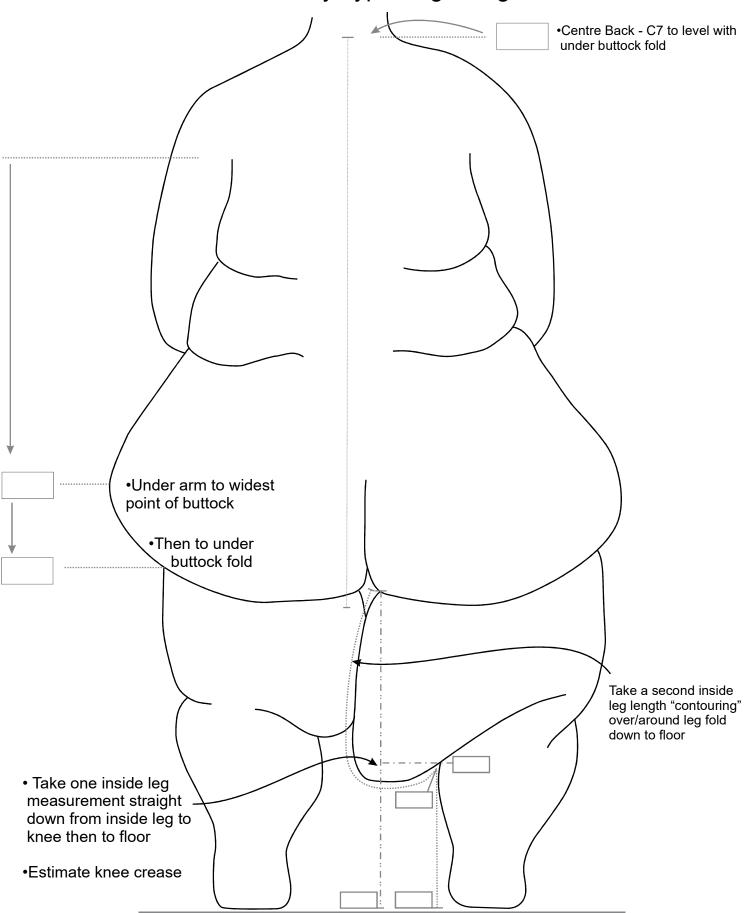


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# Bariatric Client with Body Type "Right Leg & Buttock Folds"

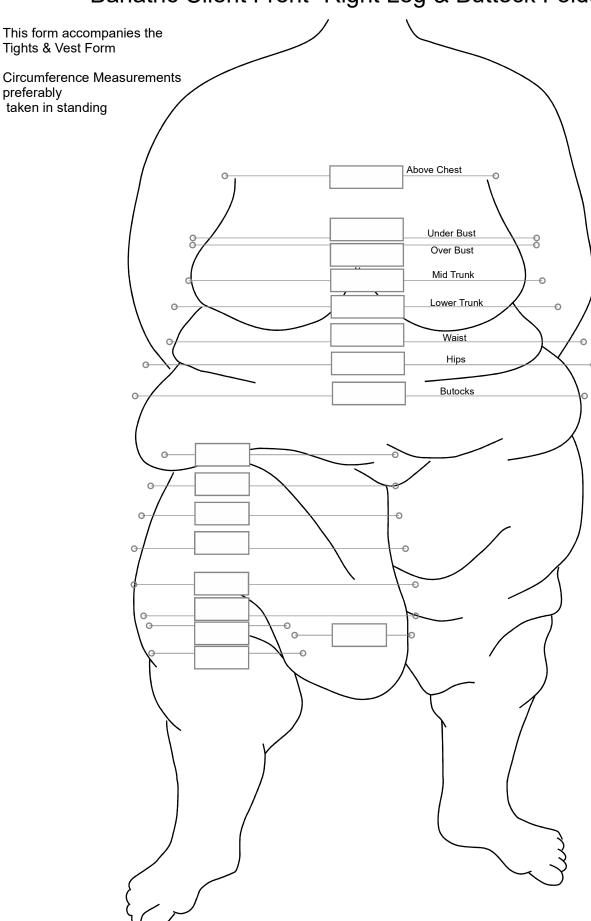


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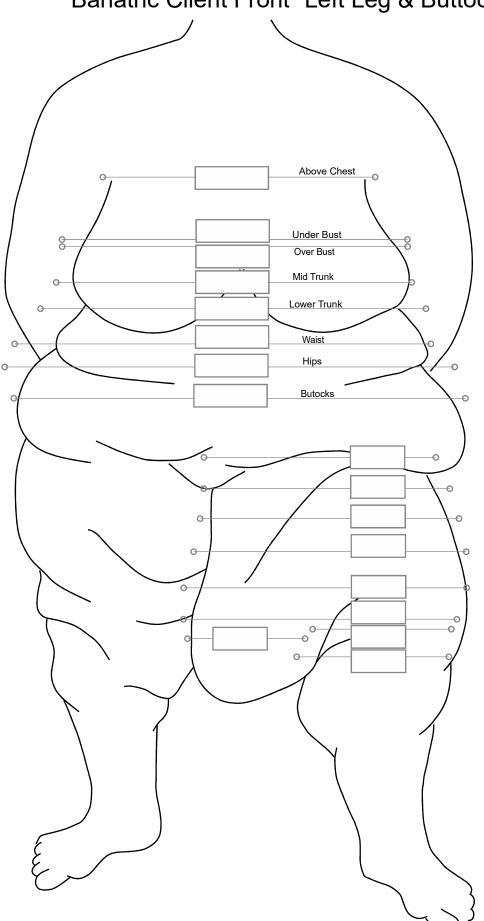
### Bariatric Client Front "Right Leg & Buttock Folds"



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# Bariatric Client Front "Left Leg & Buttock Folds"



This form accompanies the Tights & Vest Form

Circumference Measurements preferably taken in standing

PAGE	NO.	



# Bariatric Client with Body Type "Leg and Buttock Folds"

