

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.



**HEAD/FACE 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) \_\_\_\_\_



Chinstrap



Full Crown Cap  
Chinstrap



High Collar  
Chinstrap



Open  
Face Mask



Closed  
Face Mask

<b>1. Style</b>		<b>3. Zips</b>	
Chinstrap		Posterior left	
Full crown cap chinstrap		Posterior right	
High collar chinstrap		Dual	
Open face mask			
Closed face mask			
		<b>4. Additional Lining if required</b>	
		Fully hydrophobic lined	
<b>2. Fabric</b>			
Powernet			
Powersoft			
Shimmer			
Single Hydrophobic		With any facial anomalies a photograph is required	
Double Hydrophobic		and used with strict confidentiality	
		<b>Photo Sent: Please tick</b>	

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

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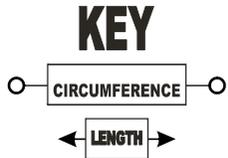
**Please mark earholes at time of fitting**  
**All ear holes have hydrophobic lining**  
**All closed face masks have hydrophobic lining over eyes nose and mouth**



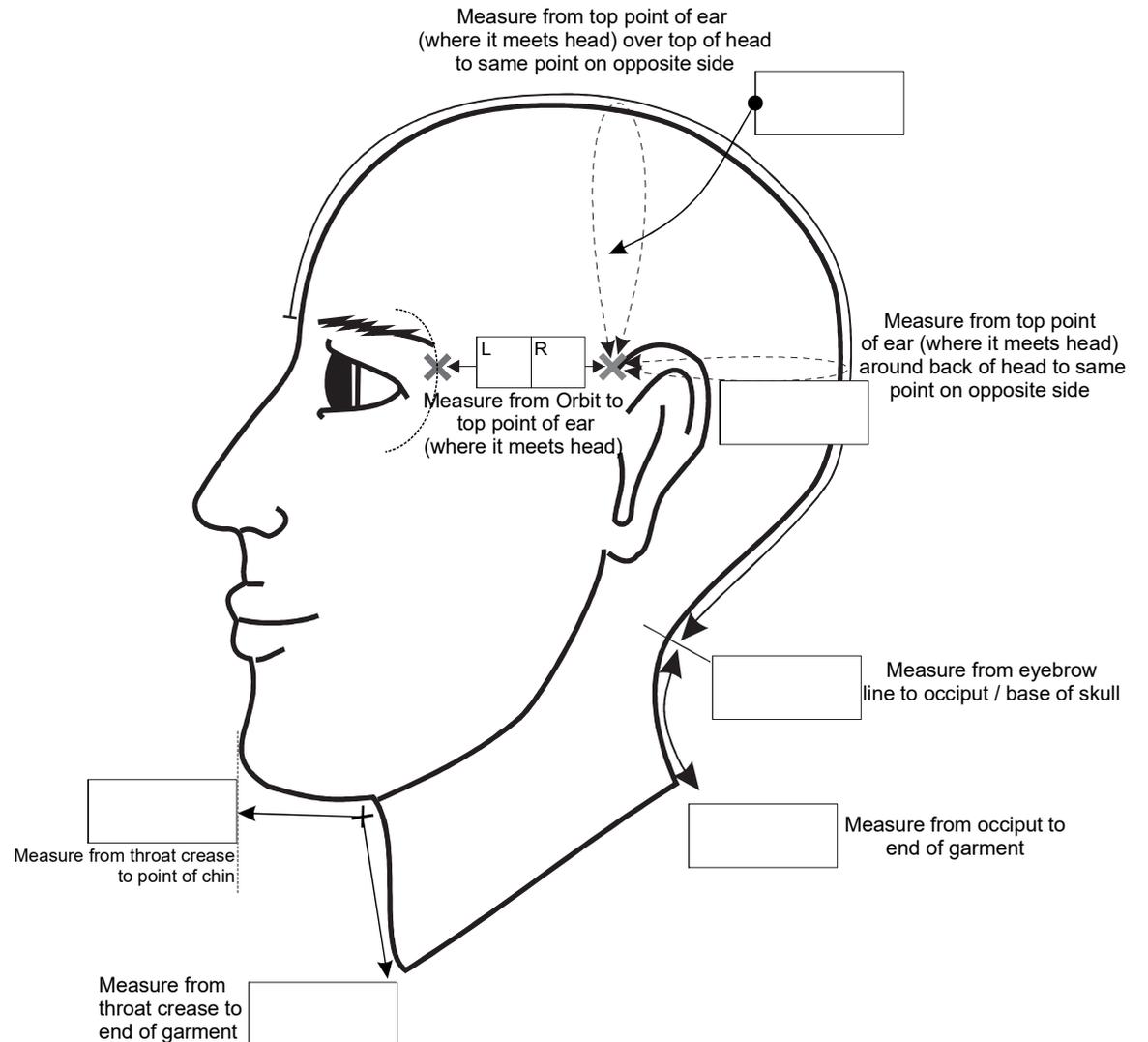
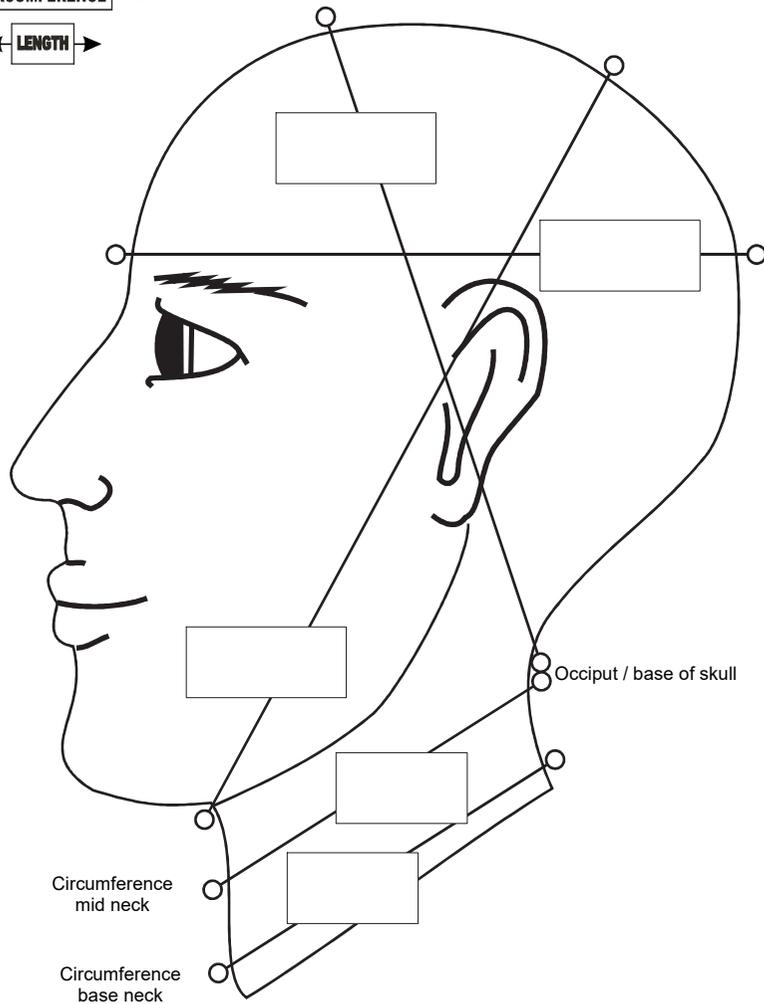
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**HEAD/FACE MEASUREMENT FORM**

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



**CIRCUMFERENCES**



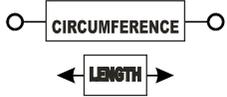


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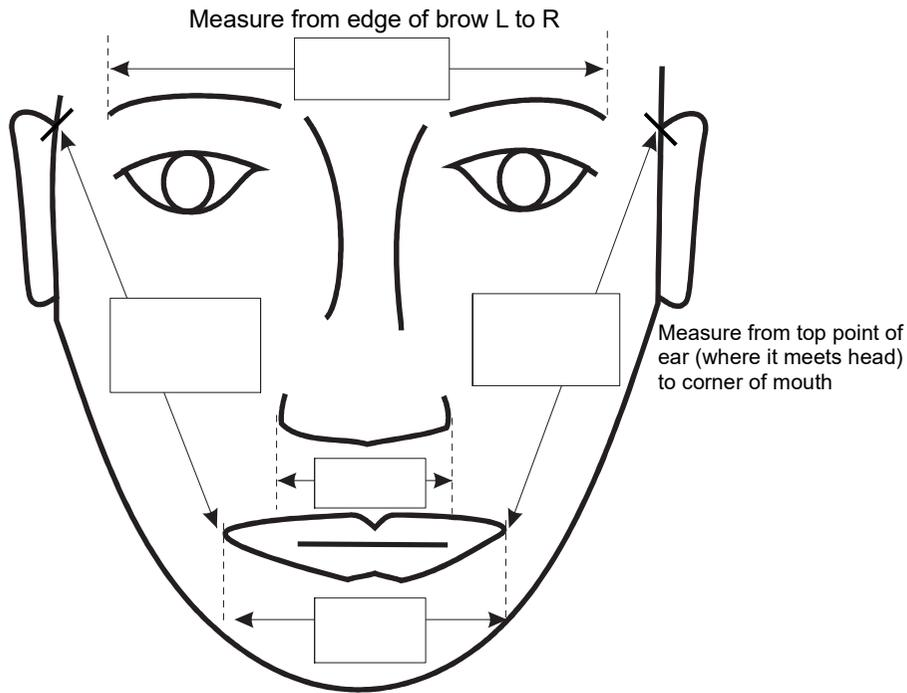
### HEAD/FACE MEASUREMENT FORM

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

#### KEY



#### WIDTHS



#### LENGTHS

