

CONFIDENTIAL

PAGE NO: _____



SECOND SKIN PTY LTD

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

GARMENT/GARMENTS REQUIRED:	
SEND ACCOUNT TO: (Include Claim/Reference Number)	
SEND GARMENT TO: Therapist - address as above (✓)	Patient - address as above (✓)
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.



HERNIA PRESCRIPTION FORM (PAGE 1 OF 2)

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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		Japanese toe			
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		L	R	Below knee - straight lateral to ankle	
Above knee				Below knee - curved medial into foot	
Ankle length				Below knee - curved lateral into foot	
Including feet				10. Reinforcing	
5a. Knee Gusset		L	R	Shimmer	
Posterior knee gusset - shimmer				Powernet	
Knee flexion gusset - all shimmer				Powersoft	
Knee flexion gusset - powernet anterior				Sole	
Knee flexion gusset - powersoft anterior				Sole leather	
Knee flexion gusset - all single hydrophobic				Heel	
Knee flexion gusset - all double hydrophobic				Dorsum of foot	
5b. Hydrophobic Lining - Knee				Lower leg - anterior	
(a) anterior				Lower leg - posterior	
(b) posterior				Full leg - anterior	
(c) circumferential				Full leg - posterior	
6. Dressing Assist				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	

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



HERNIA PRESCRIPTION FORM (PAGE 2 OF 2)

CONFIDENTIAL

CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

1. Upper Body Style	L	R	6. Shoulder/Upper Trunk		
With sleeves			Splinting for postural correction Please send photos		
Without sleeves					
Stove pipe collar			7. Hydrophobic Lining		
Bra cups			(a) Neckline		
Princess line			(b) Stove pipe collar		
Athletic top			(c) Armholes on sleeveless garment		
2. Fabric			(d) Other - please specify below		
Powernet			8a. Zips Upper Body		
Powersoft			Front		
Shimmer			Back		
Single hydrophobic			Centre		
Double hydrophobic			Offset to (L)		
3. Sleeve Length			8b. Zips in Sleeves		
Short to elbow	L	R	None in arms		
Long to wrist			Full length arm - neckline to wrist		
None			Upperarm - neckline to above elbow		
4. Axilla Gussets			Shoulder point to wrist		
Standard (½ shimmer and ½ hydrophobic)	L	R	8c. Forearm - Radial		
All shimmer			Ulnar		
All single hydrophobic			Mid dorsal		
All double hydrophobic			9. Dressing Assist		
Hydrophobic lining			Zip tab		
5a. Elbow			Zip loopers		
Flexion gusset	L	R	Leather Assist		
(a) All shimmer			10. Abdominal Shaping		
(b) Shimmer ant & powernet post			(a) Anterior elbow		
(c) Shimmer ant & powersoft post			(b) Circumferential elbow		
(d) Single hydrophobic					
(e) Double hydrophobic					
5b. Hydrophobic Lining					

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



HERNIA MEASUREMENT FORM

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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

Standard Measurements:

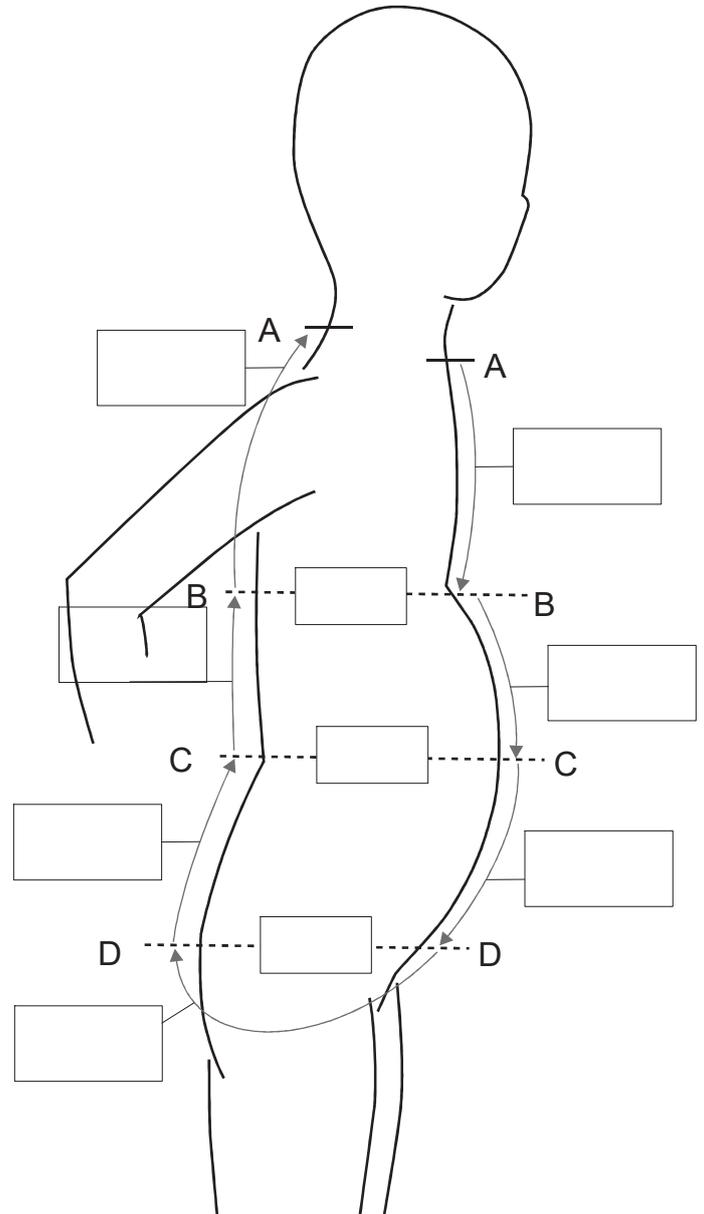
1. Place measuring tape around waist: see measurement "C"
2. Measuring circumference and mark CB, CF and sides (it helps if this is visible in photos).
3. Using these marks, measure nape to waist, 1/2 girth and full girth as you normally would



Additional Measurements:

1. Place measuring tape around top & bottom of bump, measure circumference and mark
2. CB, CF and sides (again it helps if marks are visible in photos). It's ok to measure over a nappy as needed.
3. Measure length A to B, B to C, C to D on front and back starting at the napes. Then measure the girth D to D through the legs. These measures should equal the full girth measurement when totaled.

These measures give us the amount and location of the bump eliminating any guesswork.





VEST MEASUREMENT FORM

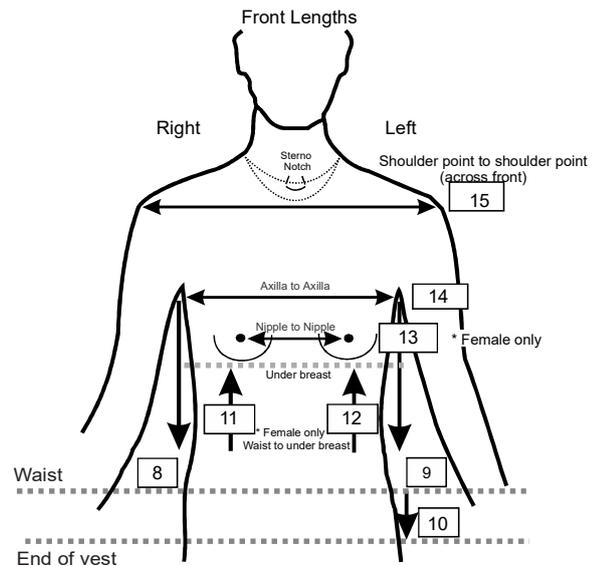
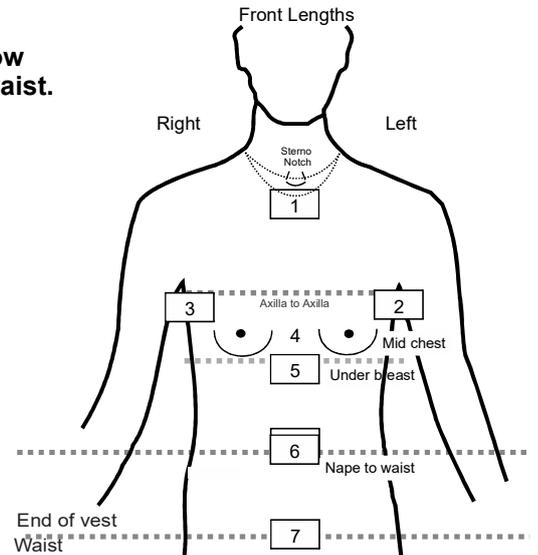
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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

FRONT VEST LENGTH MEASUREMENTS

- All front length measurements are taken from Sterno notch hollow
- at base of neck (nape), at centre front going down towards the waist.
- Arms should be placed at rest by side of body.

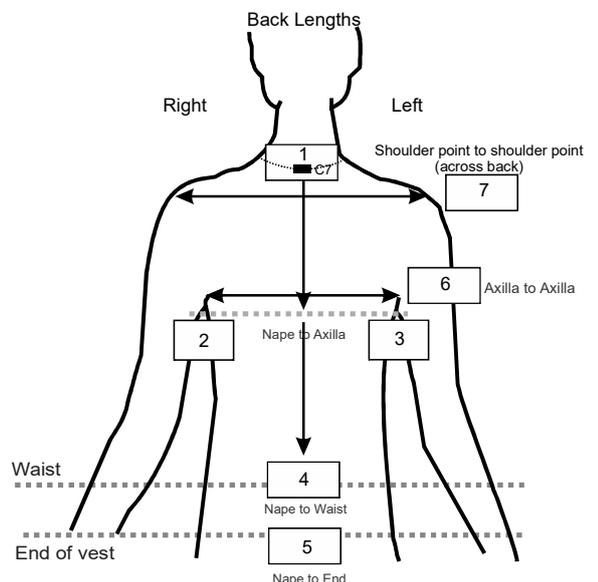
- | | |
|-----|---|
| 1. | Nape Drop - determines depth of neckline |
| 2. | Nape to Axilla level - left |
| 3. | Nape to Axilla level - right |
| 4. | Nape to Mid Chest. |
| 5. | Nape to Under Breast - bra underwire level |
| 6. | Nape to Waist. |
| 7. | Nape to End of Vest - determines vest length |
| 8. | Right Side - underarm to waist |
| 9. | Left Side - underarm to waist |
| 10. | Underarm to end of garment |
| 11. | Right Side - waist up to under breast |
| 12. | Left Side - waist up to under breast |
| 13. | Nipple to Nipple |
| 14. | Armhole Crease to Armhole Crease Across Chest |
| 15. | Shoulder point to Shoulder point |



BACK VEST LENGTH MEASUREMENTS

- All back length measurements are taken from C7 at centre back (nape) going down towards the waist.

- | | |
|----|--|
| 1. | Nape Drop - determines depth of neckline |
| 2. | Nape to Axilla - left |
| 3. | Nape to Axilla - right |
| 4. | Nape to Waist |
| 5. | Nape to End of Vest - determines vest length |
| 6. | Armhole to Armhole Across Back |
| 7. | Shoulder point to Shoulder point |





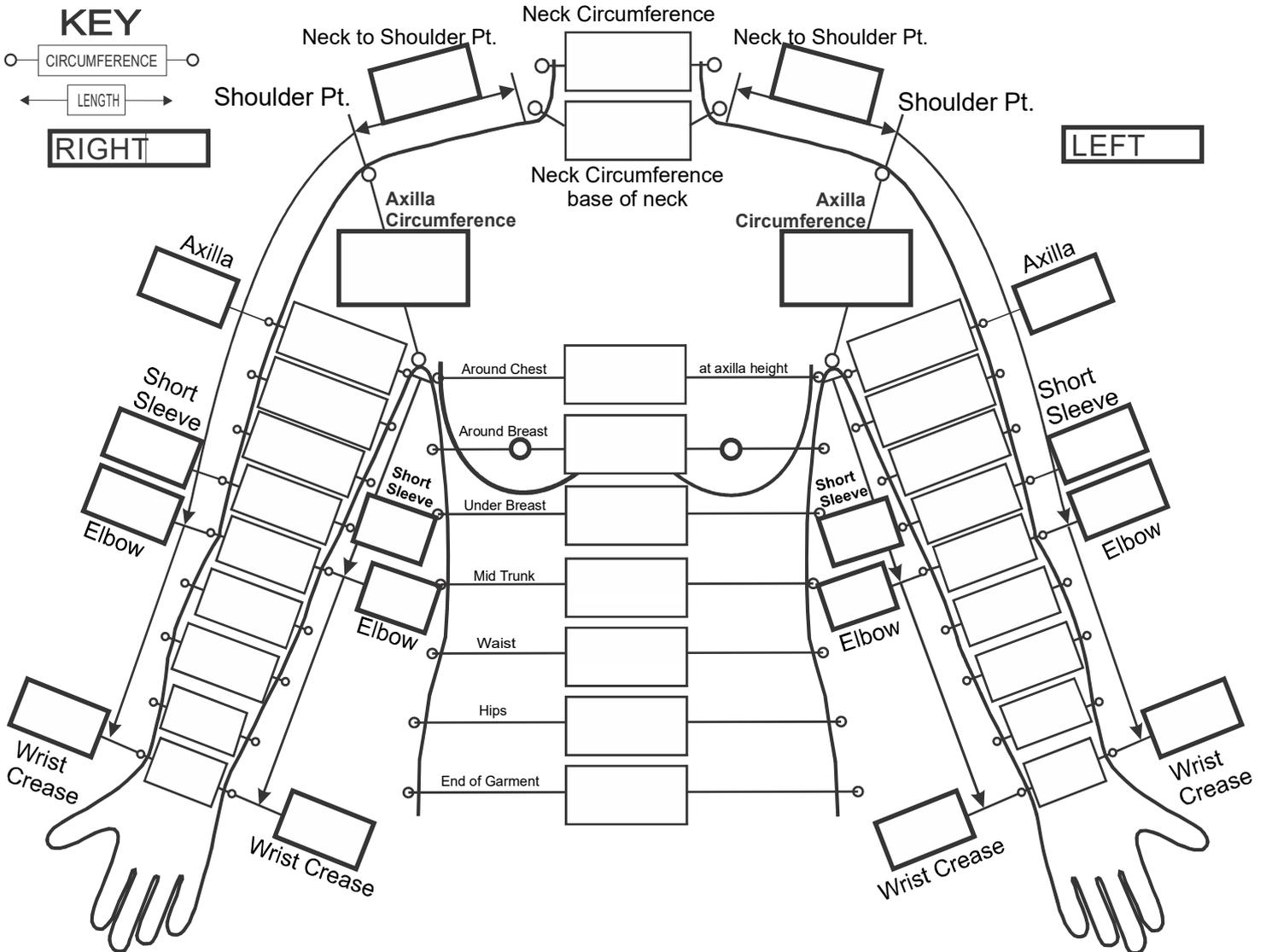
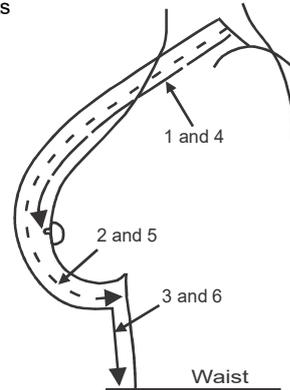
FEMALE VEST MEASUREMENT FORM

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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

Measurements required for bra-cup, sports bra and princess lines. Length measurements to determine bra-cup position. Patient to be measured wearing a bra

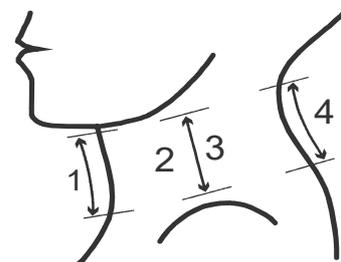
- | | |
|----|--|
| 1. | Mid Shoulder to Nipple - Left |
| 2. | Mid Shoulder over Nipple to under Breast - Left |
| 3. | Mid Shoulder over Nipple to Waist - Left |
| 4. | Mid Shoulder to Nipple - Right |
| 5. | Mid Shoulder over Nipple to under Breast - Right |
| 6. | Mid Shoulder over Nipple to Waist - Right |
| 7. | Bra Cup Size |



If a stovepipe collar is required, please take these measurements:

Height of Neck collar

- | | |
|----|--|
| 1. | Centre front base of neck to collar height |
| 2. | Right side base of neck to collar height |
| 3. | Left side base of neck to collar height |
| 4. | Centre back base of neck to collar height |



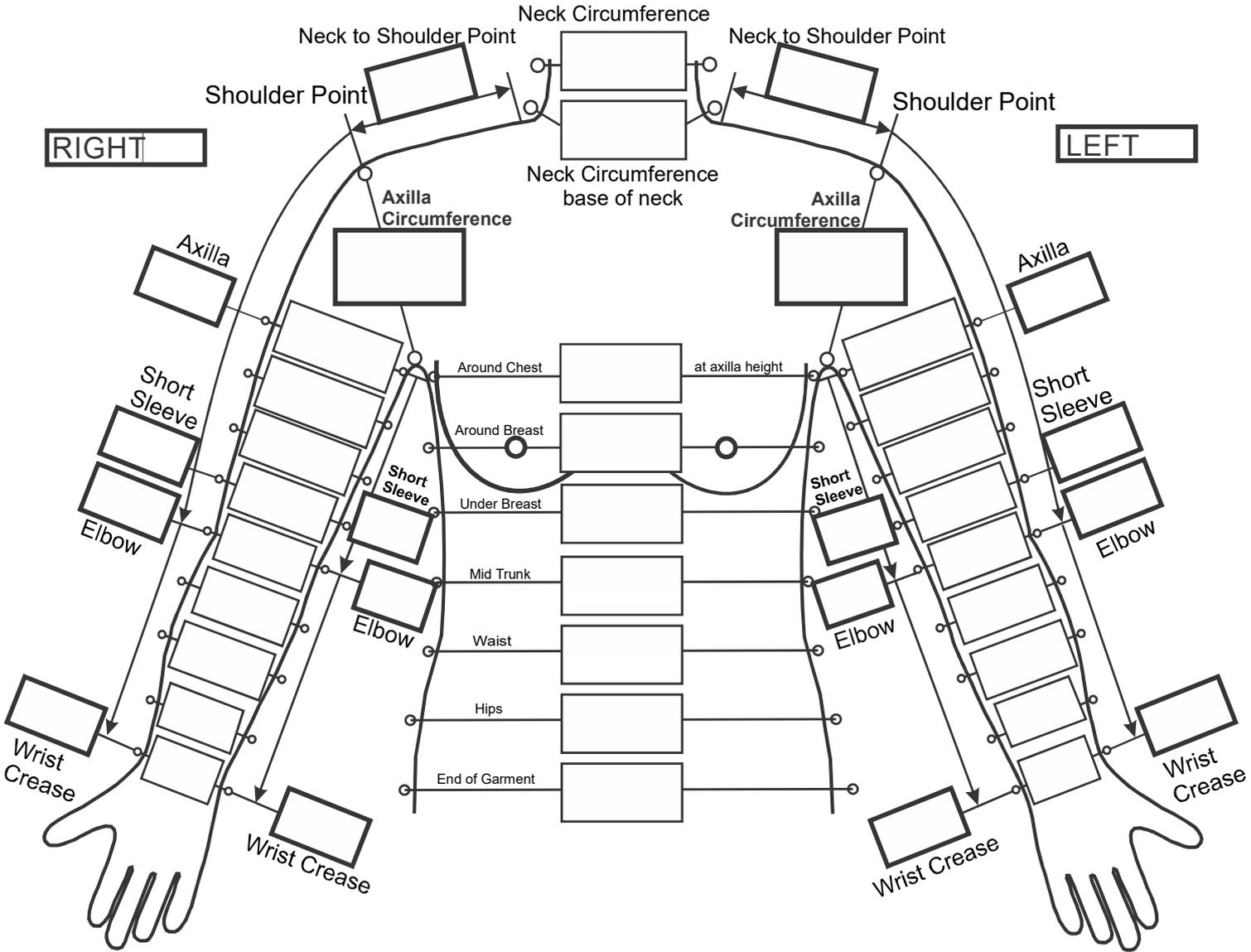
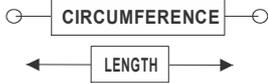


MALE & CHILD VEST MEASUREMENT FORM

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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

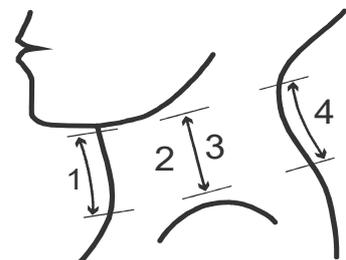
KEY



If a stovepipe collar is required, please take these measurements:

Height of Neck collar

- | | |
|----|--|
| 1. | Centre front base of neck to collar height |
| 2. | Right side base of neck to collar height |
| 3. | Left side base of neck to collar height |
| 4. | Centre back base of neck to collar height |



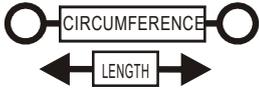


TIGHTS MEASUREMENT FORM

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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

KEY



Waist

Hips

Buttocks

R **L**

Knee Crease

To Floor

Waist

Girth

Hold tape firmly from front waist thru crotch to back waist

Knee

Inside leg to back knee crease

L

R

Inside leg to required length

L

R

Inside leg to floor

Above Ankle

Mid Ankle

Under Ankle

Dorsal Ankle Crease

Instep

Metatarsals

