



PATIENT DETAILS FORM

email: orders@secondskin.com.au

CONFIDENTIAL

PATIENT DETAILS	
Date	Order: <input type="radio"/> New Order <input type="radio"/> Reorder
Patient: (Surname)	Given Name:
Preferred Name:	Pronoun:
Date of Birth:	Gender:
Street Address:	
Suburb:	City: <input type="text"/> Post Code: <input type="text"/>
State:	Country:
Patient Phone No:	Other:
Patient Email:	

HOSPITAL DETAILS	
Street Address:	
Suburb:	City: <input type="text"/> Post Code: <input type="text"/>
Therapist Name:	Department:
Therapist Phone No:	Pager No:
Therapist Email:	
Photos Sent via:	<input type="radio"/> Online portal (preferred) <input type="radio"/> Email <input type="radio"/> 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:	<input type="radio"/> Therapist address as above <input type="radio"/> Patient address as above
Or Other:	
Date required by:	<input type="radio"/> 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.**

Prescription Form

Sock

(Page 1 of 2)

CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

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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	LENGTH OF ZIP	L	R	REINFORCING FABRIC	L	R
Knee high	<input type="radio"/>	<input type="radio"/>	Full length from top of sock	<input type="radio"/>	<input type="radio"/>	Powernet	<input type="radio"/>	<input type="radio"/>
Ankle high	<input type="radio"/>	<input type="radio"/>	From mid calf	<input type="radio"/>	<input type="radio"/>	Shimmer	<input type="radio"/>	<input type="radio"/>
Leg band - calf	<input type="radio"/>	<input type="radio"/>	DRESSING ASSIST	L	R	Powersoft	<input type="radio"/>	<input type="radio"/>
WITH			Zip tab (state quantity 1-6)			REINFORCING LOCATION	L	R
Open toe	<input type="radio"/>	<input type="radio"/>	Zip looper	<input type="radio"/>	<input type="radio"/>	Anterior leg	<input type="radio"/>	<input type="radio"/>
Closed toe	<input type="radio"/>	<input type="radio"/>	Leather grip assist	<input type="radio"/>	<input type="radio"/>	Posterior leg	<input type="radio"/>	<input type="radio"/>
Big toe separate	<input type="radio"/>	<input type="radio"/>	ANKLE / CALF SEAM	L	R	Dorsum of foot	<input type="radio"/>	<input type="radio"/>
Foot glove (includes slant gussets)	<input type="radio"/>	<input type="radio"/>	Centre front vertical seam <small>(preferred for ankle comfort)</small>	<input type="radio"/>	<input type="radio"/>	Sole	<input type="radio"/>	<input type="radio"/>
Single Hydro toe cap	<input type="radio"/>	<input type="radio"/>	Ankle crease seam	<input type="radio"/>	<input type="radio"/>	Lateral side	<input type="radio"/>	<input type="radio"/>
Double Hydro toe cap	<input type="radio"/>	<input type="radio"/>	DORSAL ANKLE GUSSET	L	R	Medial side	<input type="radio"/>	<input type="radio"/>
Shimmer toe cap	<input type="radio"/>	<input type="radio"/>	None	<input type="radio"/>	<input type="radio"/>	Heel (achilles)	<input type="radio"/>	<input type="radio"/>
FABRIC	L	R	Shimmer	<input type="radio"/>	<input type="radio"/>	LEATHER SOLE	L	R
Powernet	<input type="radio"/>	<input type="radio"/>	Shimmer w/ Hydro lining	<input type="radio"/>	<input type="radio"/>	Sole	<input type="radio"/>	<input type="radio"/>
Powersoft	<input type="radio"/>	<input type="radio"/>	Powernet	<input type="radio"/>	<input type="radio"/>	LEATHER HEEL	L	R
Shimmer	<input type="radio"/>	<input type="radio"/>	Powernet w/ Hydro lining	<input type="radio"/>	<input type="radio"/>	Heel	<input type="radio"/>	<input type="radio"/>
Single Hydrophobic	<input type="radio"/>	<input type="radio"/>	Powersoft	<input type="radio"/>	<input type="radio"/>	SPLINTING OPTIONS <small>requires 2 x layers of fabric</small>	L	R
Double Hydrophobic	<input type="radio"/>	<input type="radio"/>	Powersoft w/ hydro lining	<input type="radio"/>	<input type="radio"/>	Shimmer / Hydrophobic	<input type="radio"/>	<input type="radio"/>
HYDRO LINING	L	R	Single Hydrophobic	<input type="radio"/>	<input type="radio"/>	Double Hydrophobic	<input type="radio"/>	<input type="radio"/>
Hydro lining to whole garment	<input type="radio"/>	<input type="radio"/>	Double Hydrophobic	<input type="radio"/>	<input type="radio"/>	SPLINTING OPTIONS	L	R
FLAP / STUMP	L	R	HYDROPHOBIC LINING SECTIONS	L	R	Big toe abduction	<input type="radio"/>	<input type="radio"/>
Flap	<input type="radio"/>	<input type="radio"/>	<small>Does not apply if fully lined</small>			Toe extension	<input type="radio"/>	<input type="radio"/>
Stump	<input type="radio"/>	<input type="radio"/>	Anterior leg	<input type="radio"/>	<input type="radio"/>	Lengthen instep	<input type="radio"/>	<input type="radio"/>
ZIPS	L	R	Posterior leg	<input type="radio"/>	<input type="radio"/>	MISCELLANEOUS	L	R
None	<input type="radio"/>	<input type="radio"/>	Dorsum of foot	<input type="radio"/>	<input type="radio"/>	Centre back vertical seam <small>(for full calf shaping)</small>	<input type="radio"/>	<input type="radio"/>
Posterior straight medial to ankle	<input type="radio"/>	<input type="radio"/>	Sole	<input type="radio"/>	<input type="radio"/>	Wide std elastic at proximal end	<input type="radio"/>	<input type="radio"/>
Posterior straight lateral to ankle	<input type="radio"/>	<input type="radio"/>	Lateral side	<input type="radio"/>	<input type="radio"/>	Break in standard elastic <small>(for vascular conditions)</small>	<input type="radio"/>	<input type="radio"/>
Curved medial side into foot	<input type="radio"/>	<input type="radio"/>	Medial side	<input type="radio"/>	<input type="radio"/>			
Curved lateral side into foot	<input type="radio"/>	<input type="radio"/>						
Fused foam padded zippers	<input type="radio"/>	<input type="radio"/>						



Prescription Form

Sock

(Page 2 of 2)

CLIENT SURNAME:

CLIENT FIRST NAME:

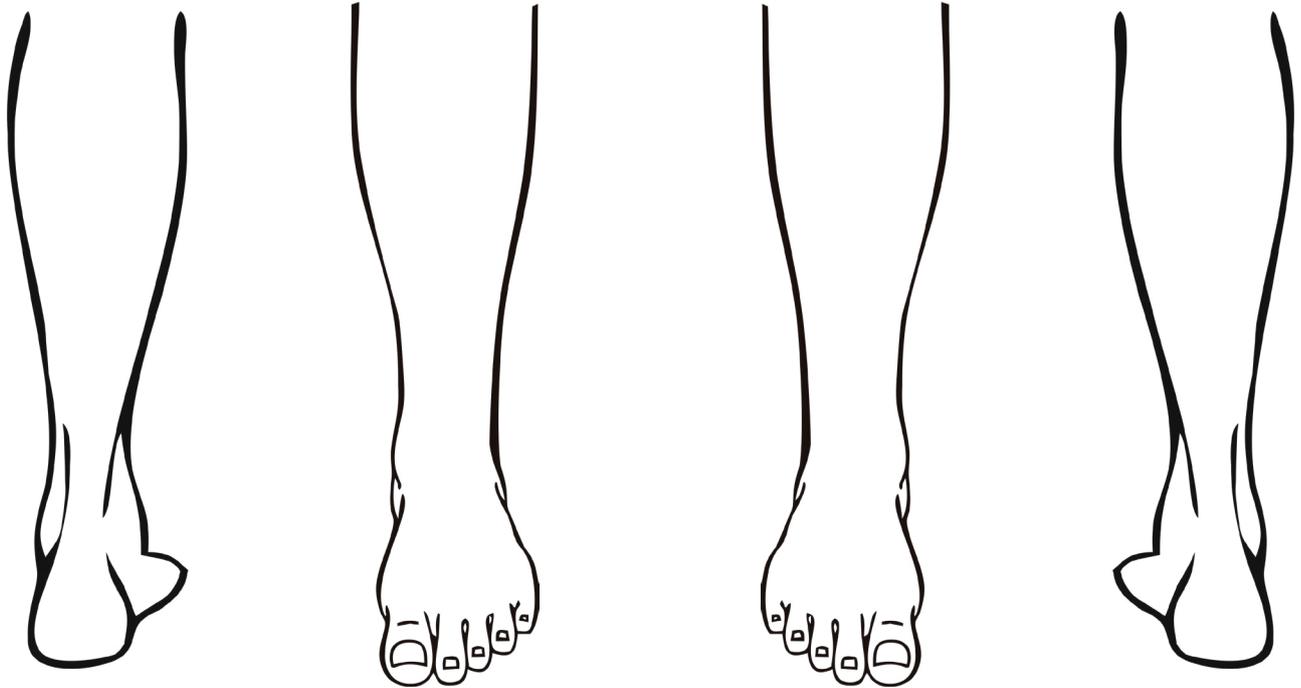
DATE:

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DEFICIT PAD	L	R	SILICONE LINING Silon-Tex®II	L	R
Without pocket	<input type="radio"/>	<input type="radio"/>	USED TO MANAGE APPEARANCE OF SCARS		
With pocket	<input type="radio"/>	<input type="radio"/>	Photos provided or	<input type="radio"/>	<input type="radio"/>
SILICONE ELASTIC	L	R	Draw location on assessment drawings	<input type="radio"/>	<input type="radio"/>
choose 1 location only			Small: 3 x 8 cm	<input type="radio"/>	<input type="radio"/>
Lateral	<input type="radio"/>	<input type="radio"/>	Medium: 6 x 12cm	<input type="radio"/>	<input type="radio"/>
Anterior	<input type="radio"/>	<input type="radio"/>	Large: 12 x 18cm	<input type="radio"/>	<input type="radio"/>
			A5 size: 15 x 21cm	<input type="radio"/>	<input type="radio"/>
			A4 size: 21 x 30cm	<input type="radio"/>	<input type="radio"/>
			Pocket and deficit pad - silicone on pocket only (photos required)	<input type="radio"/>	<input type="radio"/>
			Deficit pad only (silicone one side)	<input type="radio"/>	<input type="radio"/>

Left

Right



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.



CLIENT SURNAME:

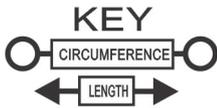
CLIENT FIRST NAME:

DATE:

LEG LENGTHS

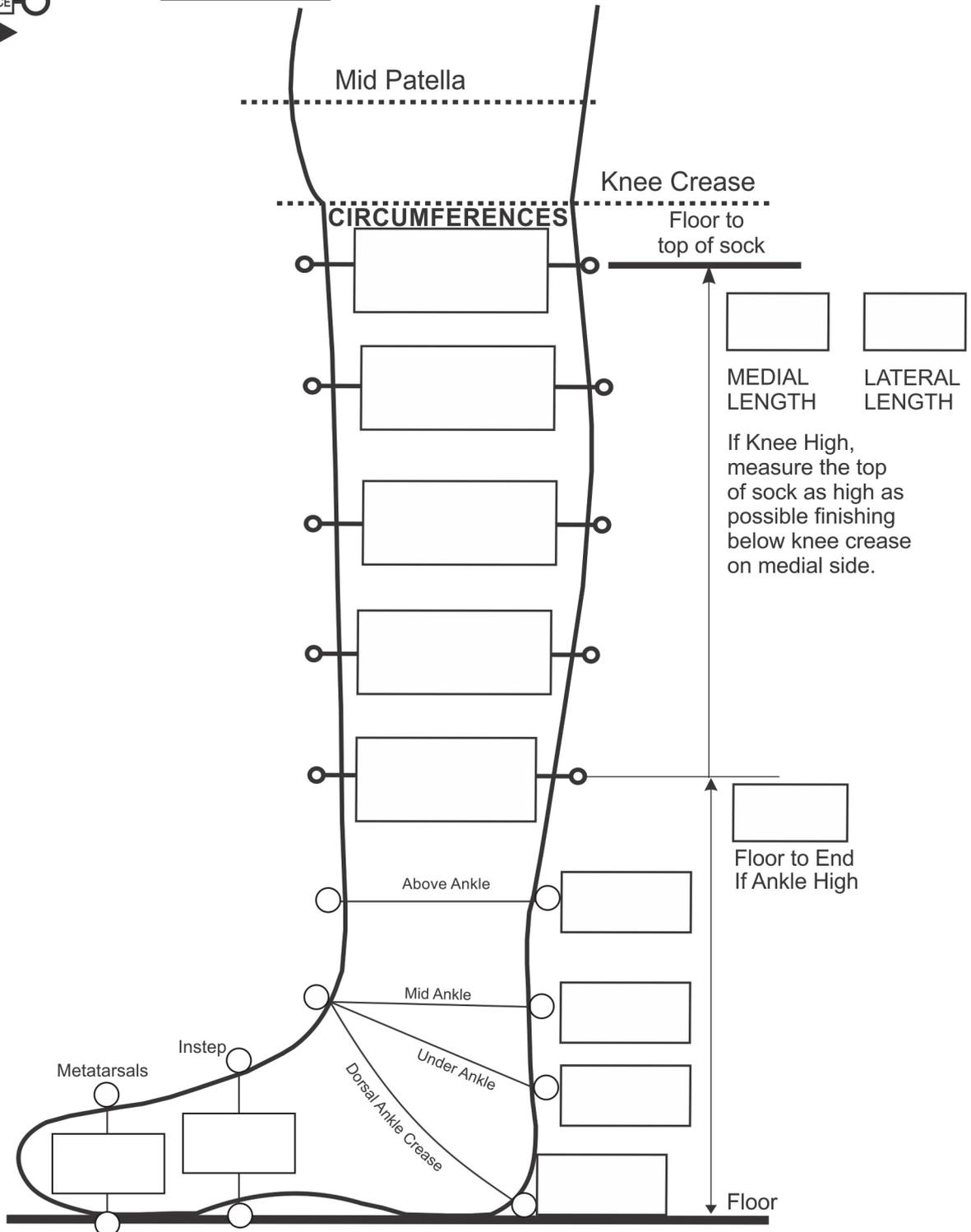
For shapely legs please provide additional lengths from floor to top of sock on both lateral and medial sides.

Posterior Length	
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LEFT

RIGHT



MEDIAL LENGTH	LATERAL LENGTH

If Knee High, measure the top of sock as high as possible finishing below knee crease on medial side.

Floor to End If Ankle High

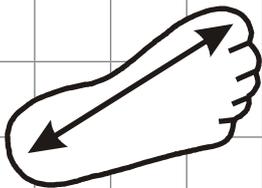
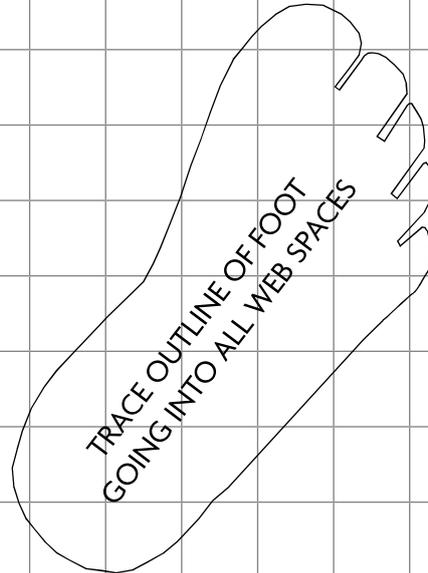
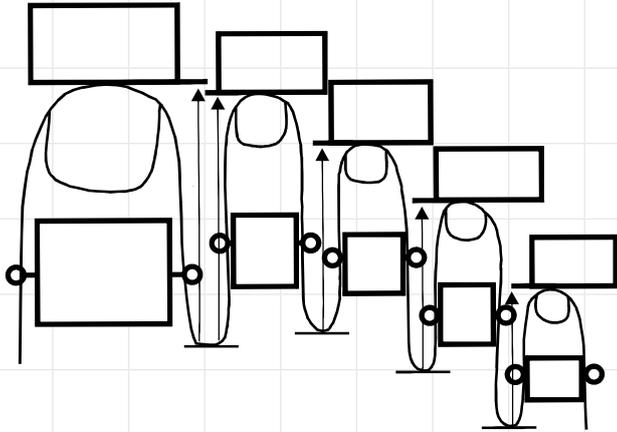


CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

Scale 1:1 – Bar = 10 cm (Each box = 1 cm x 1 cm)



MEASURING TIPS

- For big toe separate, measure big toe circumference and length.
- For a foot glove, measure all toe circumferences and lengths
- Circumference measurements are taken at the middle of the toe.
- Length measurements are taken from web space to tip of toe on the side of the toe as indicated with a length arrow.

IMPORTANT: Sole Length
 (Measure length of sole on foot trace from tip of big toe to tip of heel)



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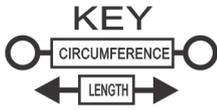
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DATE:

LEG LENGTHS

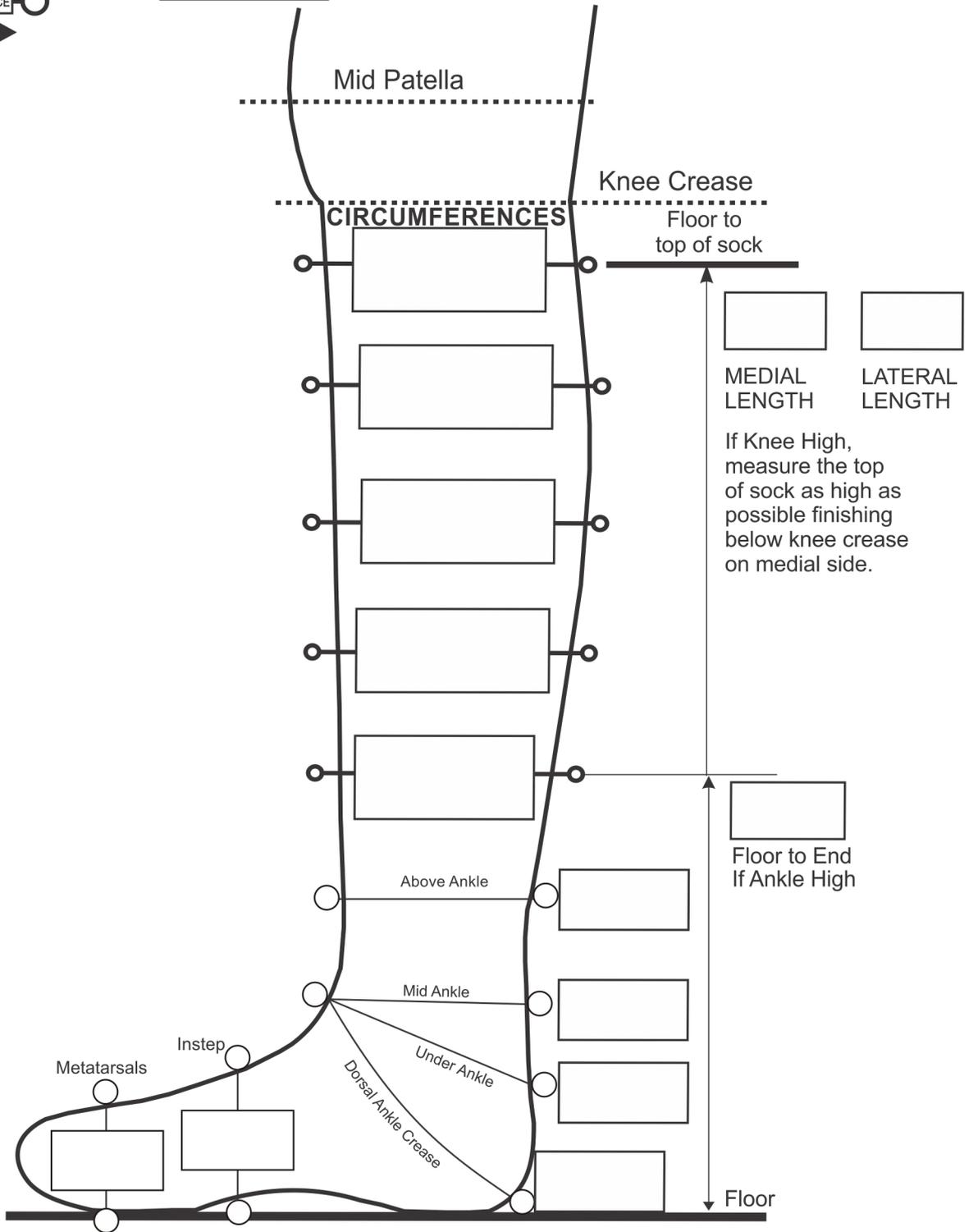
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Posterior Length	
------------------	--



LEFT

RIGHT

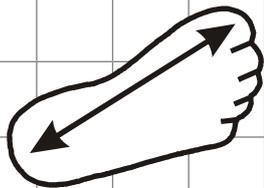
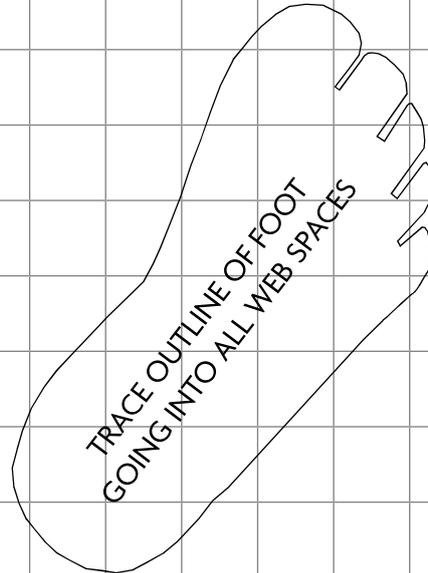
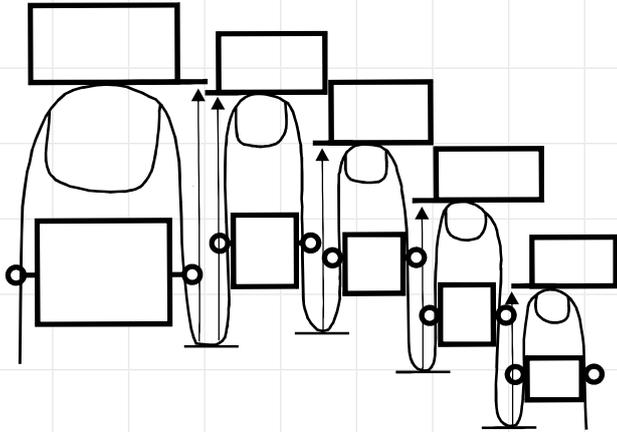


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