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PAGE NO: _____



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 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.



VEST 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. 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		L	R	Offset to (R)			
Short to elbow				8b. Zips in Sleeves		L	R
Long to wrist				None in arms			
None				Full length arm - neckline to wrist			
4. Axilla Gussets		L	R	Upperarm - neckline to above elbow			
Standard (½ shimmer and ½ hydrophobic)				Shoulder point to wrist			
All shimmer				8c. Forearm - Radial			
All single hydrophobic				Ulnar			
All double hydrophobic				Mid dorsal			
Hydrophobic lining				9. Dressing Assist			
5a. Elbow		L	R	Zip tab		L	R
Flexion gusset				Zip loopers			
(a) All shimmer				Leather Assist			
(b) Shimmer ant & powernet post				10. Abdominal Shaping			
(c) Shimmer ant & powersoft post				(a) Anterior elbow			
(d) Single hydrophobic				(b) Circumferential elbow			
(e) Double hydrophobic							

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



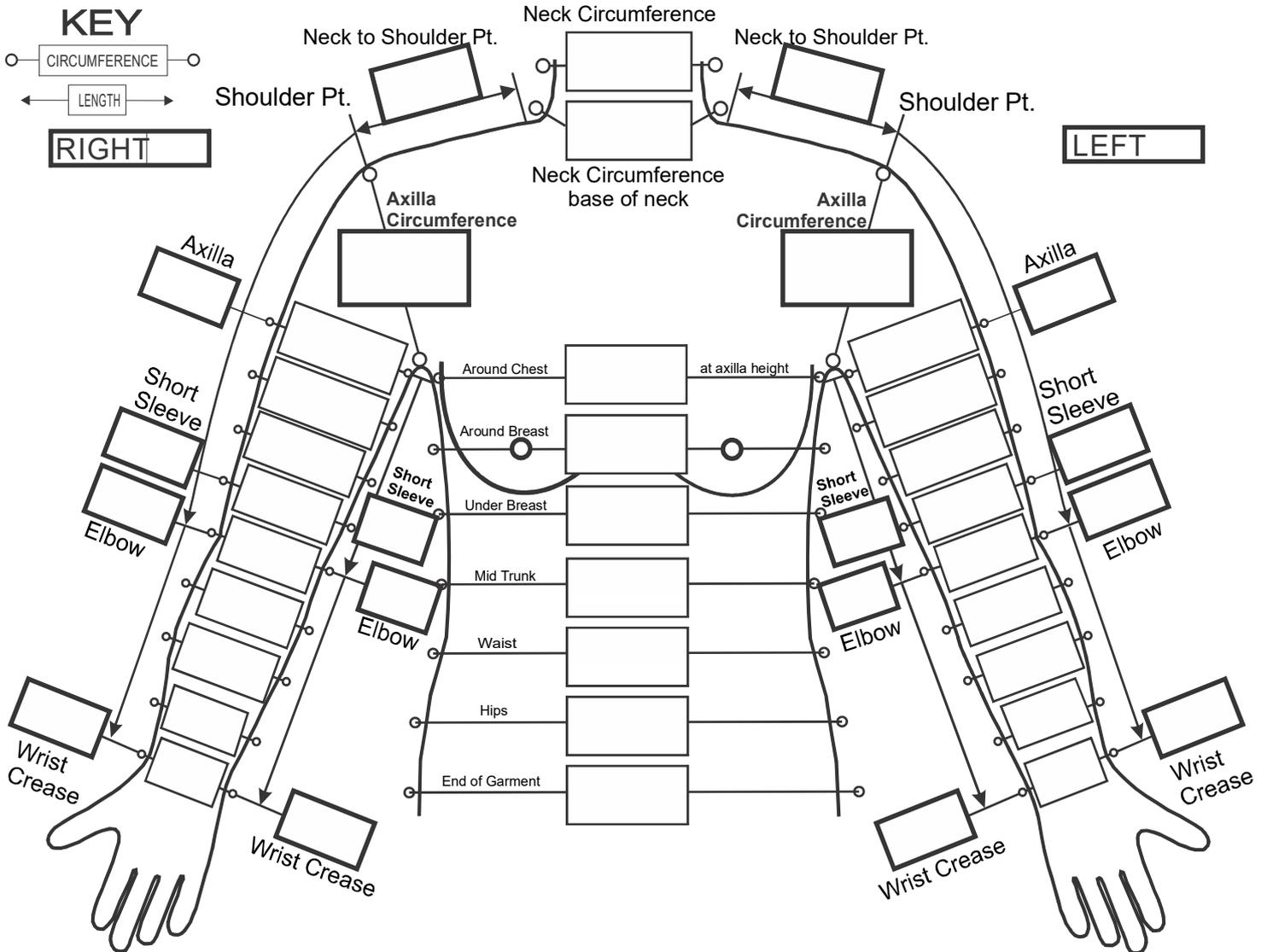
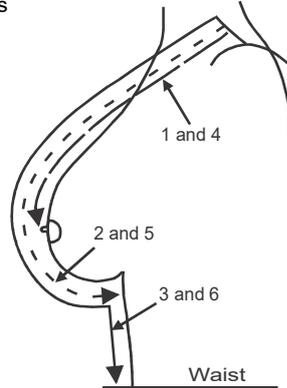
VEST MEASUREMENT FORM

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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

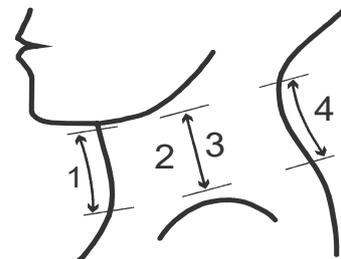
1. Mid Shoulder to Nipple - Left
2. Mid Shoulder over Nipple to under Breast - Left
3. Mid Shoulder over Nipple to Waist - Left
4. Mid Shoulder to Nipple - Right
5. Mid Shoulder over Nipple to under Breast - Right
6. Mid Shoulder over Nipple to Waist - Right
7. Bra Cup Size



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





VEST MEASUREMENT FORM

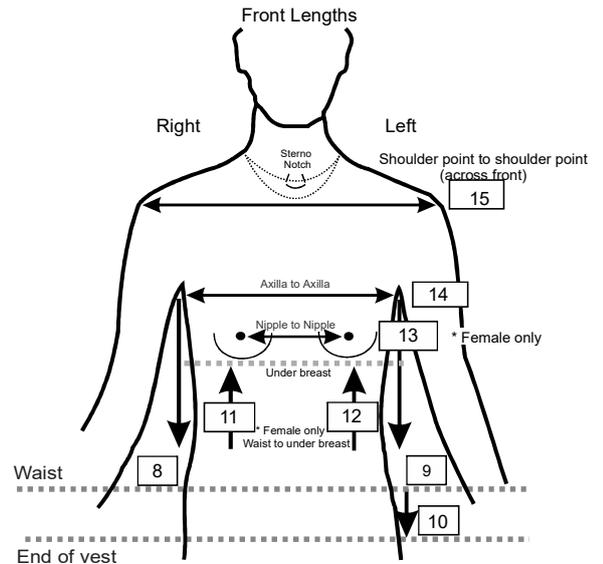
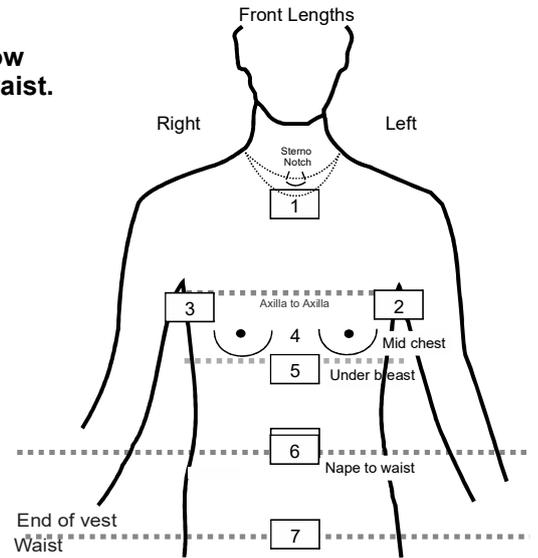
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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

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 |

