

**CONFIDENTIAL**

PAGE NO: \_\_\_\_\_



# 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.



## MALE & CHILD 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) \_\_\_\_\_

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

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



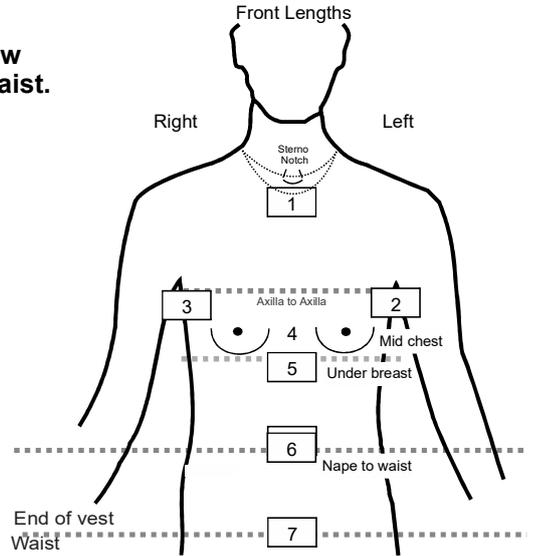
**MALE & CHILD VEST MEASUREMENT FORM**

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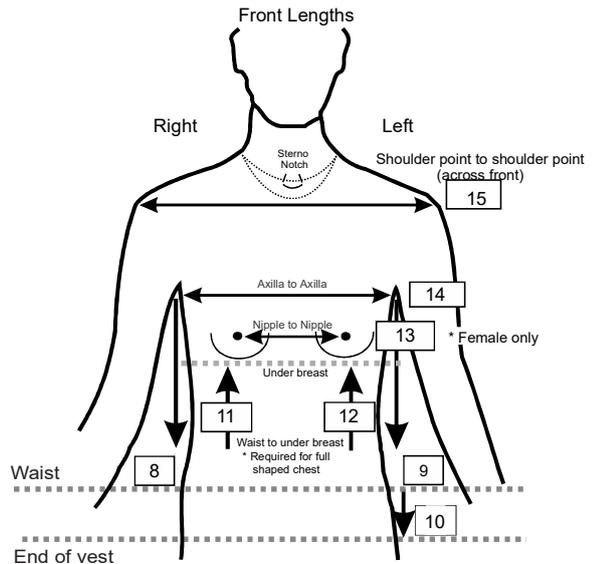
CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  F  M DATE: \_\_\_/\_\_\_/\_\_\_

**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.



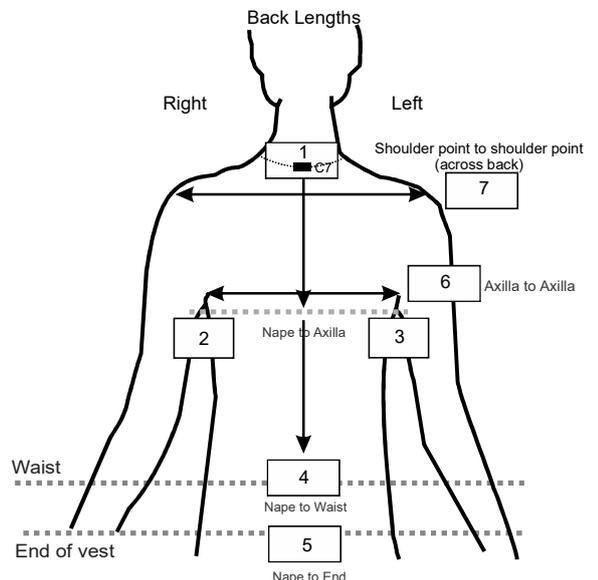
- |     |   |
|-----|---|
| 1.  | Nape Drop - determines depth of neckline      |
| 2.  | Nape to Axilla level - left                   |
| 3.  | Nape to Axilla level - right                  |
| 4.  | Nape to Mid Chest.                            |
| 5.  | Nape to Under Breast - bra underwire level    |
| 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             |



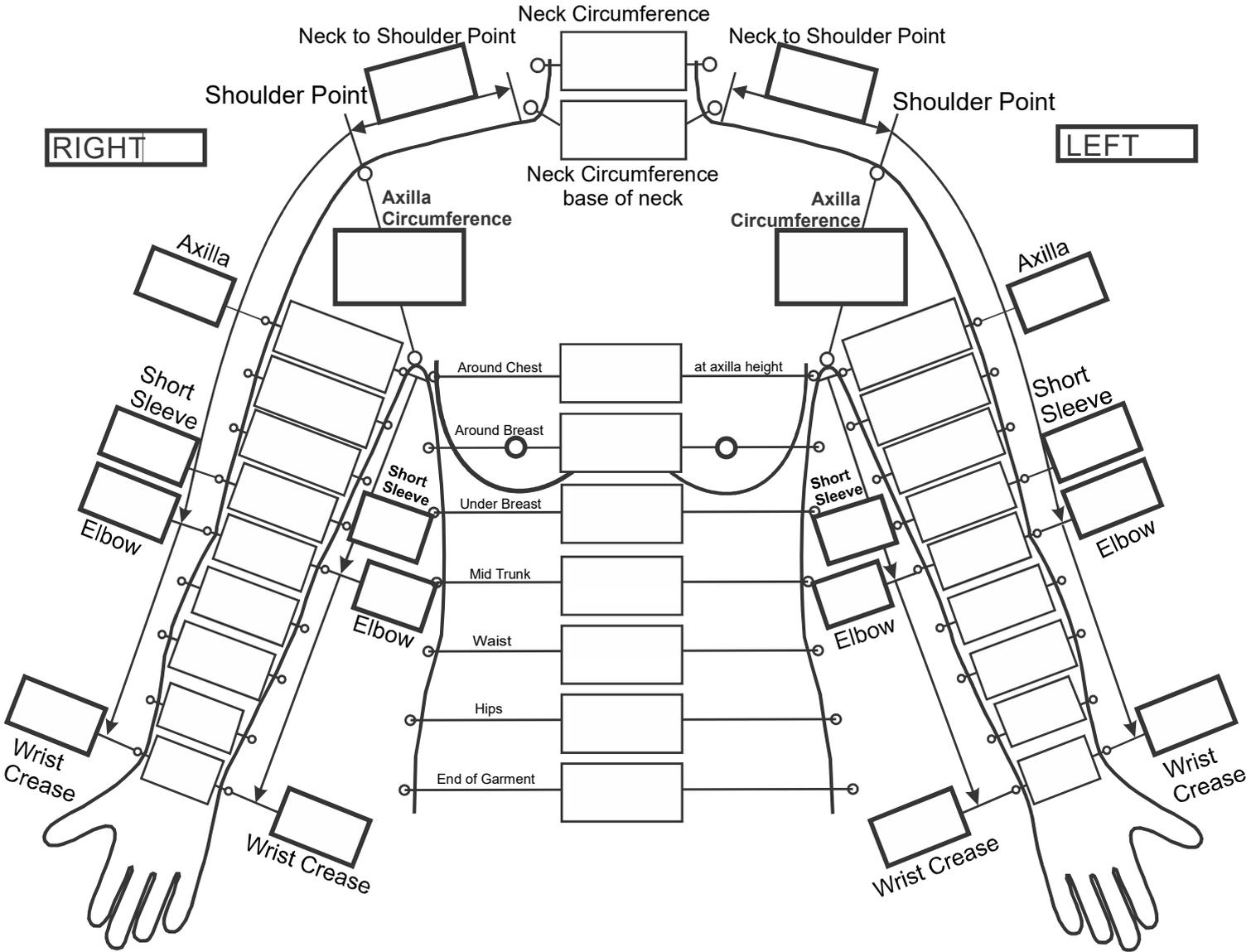
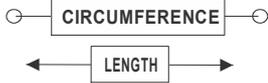


**MALE & CHILD VEST MEASUREMENT FORM**

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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  |

