



PATIENT DETAILS FORM

email: orders@secondskin.com.au

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PATIENT DETAILS

Date		Order:	New Order ☐	Reorder ☐
Patient: (Surname)		Given Name:		
Preferred Name:		Pronoun:		
Date of Birth:		Gender:		
Street Address:				
Suburb:		City:		Post Code:
State:		Country:		
Patient Phone No:		Other:		
Patient Email:				

HOSPITAL DETAILS

Street Address:			
Suburb:	City:		Post Code:
Therapist Name:	Department:		
Therapist Phone No:	Pager No:		
Therapist Email:			
Photos Sent via:	Online portal (preferred) ☐	Email ☐	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:	Therapist address as above ☐	Patient address as above ☐
Or Other:		
Date required by:	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

ALL IN ONE - Tights

(Page 1 of 4)

CLIENT SURNAME:

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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**

- Two leg ☐
One-and-a-half leg ☐
Short legs to above knee ☐

FABRIC

- Powernet ☐
Powersoft ☐
Shimmer ☐
Single Hydrophobic ☐
Double Hydrophobic ☐

HYDRO LINING

- Hydro lining to whole garment ☐

FLAP / STUMP L R

- Lower limb flap ☐ ☐
Lower limb stump ☐ ☐

CROTCH

- Open ☐
Closed - no 3d shaping front crotch ☐
Closed - includes 3d shaping front ☐
Fly front - includes 3d shaping front ☐

LEG LENGTHS L R

- Above knee ☐ ☐
Ankle length ☐ ☐
Including feet ☐ ☐

KNEE GUSSET L R

- Posterior knee gusset: Shimmer ☐ ☐
Knee flexion gusset: All Shimmer ☐ ☐
All single Hydrophobic ☐ ☐
All double Hydrophobic ☐ ☐
Powernet anterior & shimmer posterior ☐ ☐
Powersoft anterior & shimmer posterior ☐ ☐

KNEE HYDROPHOBIC LINING L R

- Anterior ☐ ☐
Posterior ☐ ☐
Circumferential ☐ ☐

ANKLE / CALF SEAM L R

- Centre front vertical seam (preferred) ☐ ☐

- Ankle crease seam ☐ ☐

DORSAL ANKLE GUSSET L R

- Shimmer ☐ ☐
Powernet ☐ ☐
Powersoft ☐ ☐

ADD: Hydrophobic lining

- Single Hydrophobic ☐ ☐
Double Hydrophobic ☐ ☐

TOES L R

- Open toe ☐ ☐
Closed toe ☐ ☐
Big toe separate ☐ ☐
Foot glove (includes slant gussets) ☐ ☐
Single Hydro toe cap ☐ ☐
Double Hydro toe cap ☐ ☐
Shimmer toe cap ☐ ☐
Stirrups ☐ ☐

ZIPS - LOWER BODY L R

- None in legs ☐ ☐
Waist to mid thigh ☐ ☐
Nappy zip (children only) ☐ ☐
Full length curved into foot ☐ ☐

Below knee

- Posterior straight medial to ankle ☐ ☐
Posterior straight lateral to ankle ☐ ☐
Straight lateral to ankle ☐ ☐

ZIPS - LOWER BODY continued L R

- Curved medial into foot ☐ ☐
Curved lateral into foot ☐ ☐

DRESSING ASSIST L R

- Zip tab - (state quantity 1-4) ☐
Location:

- Zip loopers ☐ ☐

- Leather assist ☐ ☐

HYDROPHOBIC LINING SECTIONS DOES NOT APPLY IF FULLY LINED L R

- Front brief section ☐ ☐
Back brief section ☐ ☐
Upper anterior leg ☐ ☐
Upper posterior leg ☐ ☐
Upper lateral side ☐ ☐
Upper medial side ☐ ☐
Lower anterior leg ☐ ☐
Lower posterior leg ☐ ☐
Lower lateral side ☐ ☐
Lower medial side ☐ ☐
Dorsum of foot ☐ ☐
Sole ☐ ☐

REINFORCING FABRIC L R

- Powernet ☐ ☐
Shimmer ☐ ☐
Powersoft ☐ ☐

REINFORCING LOCATION L R

- Front brief section ☐ ☐
Back waist section ☐ ☐
Upper anterior leg ☐ ☐
Upper posterior leg ☐ ☐
Upper lateral side ☐ ☐



Prescription Form

ALL IN ONE - Tights

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CLIENT SURNAME:

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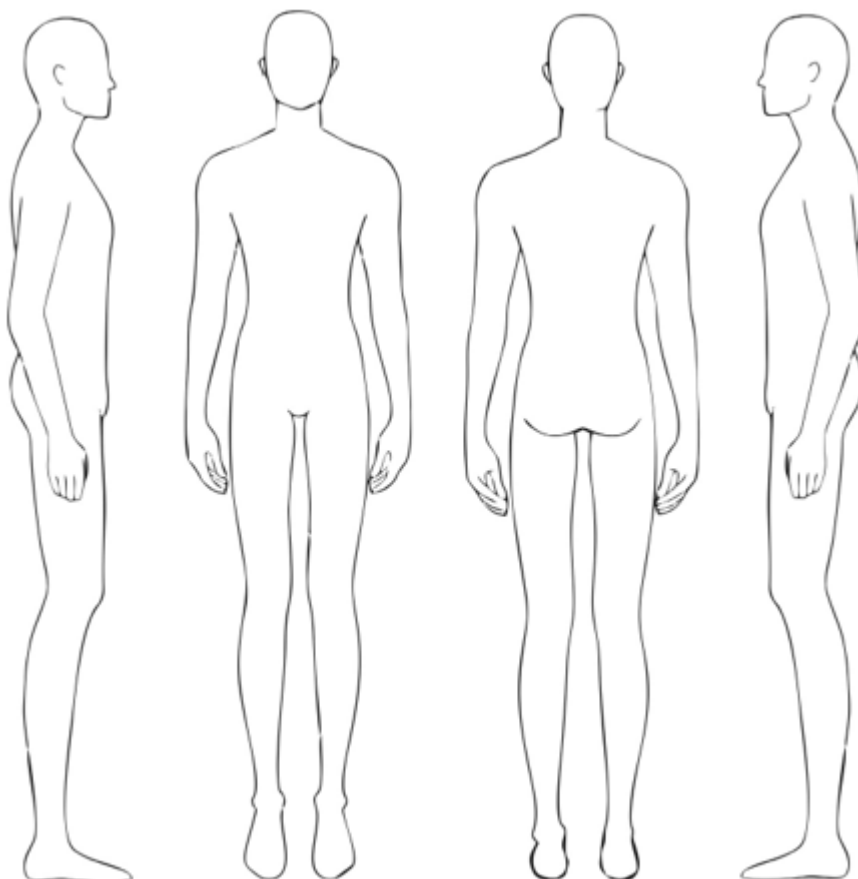
DATE:

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REINFORCING LOCATION cont.	L	R
Upper medial side	☐	☐
Lower anterior leg	☐	☐
Lower posterior leg	☐	☐
Lower lateral side	☐	☐
Lower medial side	☐	☐
Dorsum of foot	☐	☐
Sole	☐	☐
LEATHER SOLE	L	R
Sole	☐	☐
LEATHER HEEL	L	R
Heel	☐	☐
DEFICIT PAD	L	R
Without pocket	☐	☐
With pocket	☐	☐
ADDITIONAL OPTIONS	L	R
Colostomy site with pouch & zip access	☐	☐
Hernia support	☐	☐
Shaped abdomen	☐	☐
Pregnancy panel	☐	☐
Scrotal support	☐	☐
Soft braces with Velcro closure	☐	☐

SPLINTING OPTIONS REQUIRES 2 X LAYERS OF FABRIC	L	R
Shimmer / Hydrophobic	☐	☐
Double Hydrophobic	☐	☐
SPLINTING OPTIONS	L	R
Big toe abduction	☐	☐
Toe extension	☐	☐
Lengthen instep	☐	☐
MISCELLANEOUS	L	R
Lower leg centre back vertical seam (for full calf shaping)	☐	☐

SILICONE LINING Silon-Tex®II USED TO MANAGE APPEARANCE OF SCARS	L	R
Photos provided or	☐	☐
Draw location on assessment drawings	☐	☐
Small: 3 x 8 cm	☐	☐
Medium: 6 x 12cm	☐	☐
Large: 12 x 18cm	☐	☐
A5 size: 15 x 21cm	☐	☐
A4 size: 21 x30cm	☐	☐
Pocket and deficit pad - silicone on pocket only (photos required)	☐	☐
Deficit pad only (silicone one side)	☐	☐



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.



Prescription Form

ALL IN ONE - Vest

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STYLE		
With sleeves	☐	
Sleeveless	☐	
FABRIC		
Powernet	☐	
Powersoft	☐	
Shimmer	☐	
Single Hydrophobic	☐	
Double Hydrophobic	☐	
HYDRO LINING		
Hydro lining to whole garment	☐	
SLEEVE LENGTH L R		
Short to elbow	☐	☐
Long to wrist	☐	☐
Singlet style	☐	
BREAST STYLE		
Bra cups - including wires	☐	
Sports bra - no wire	☐	
Shaped seam over bust	☐	
FLAP / STUMP L R		
Upper limb flap	☐	☐
Upper limb stump	☐	☐
AXILLA GUSSETS L R		
Standard (1/2 Shimmer, 1/2 hydro)	☐	☐
All Shimmer	☐	☐
All single Hydrophobic	☐	☐
All double Hydrophobic	☐	☐
Fully Hydrophobic lined	☐	☐
ELBOW - FLEXION GUSSET L R		
All Shimmer	☐	☐
Shimmer anterior & Powernet posterior	☐	☐
Shimmer anterior & Powersoft posterior	☐	☐
Single Hydrophobic	☐	☐
Double Hydrophobic	☐	☐
HYDROPHOBIC LINING ELBOW L R		
Anterior elbow	☐	☐
Posterior elbow	☐	☐
Circumferential elbow	☐	☐
NECKLINE OPTIONS		
Standard round neck	☐	
Stove pipe collar	☐	
Dropped front neckline	☐	
Sweetheart neckline	☐	
SHOULDER/UPPER TRUNK		
Splinting for postural correction (please send photos)	☐	
HYDROPHOBIC SHOULDER CAPS L R		
For very fragile skin on shoulders	☐	☐
HYDROPHOBIC BOUND EDGING		
Standard finish is strip lining		
Neckline	☐	
Stove pipe collar	☐	
Arm holes on sleeveless	☐	
HYDROPHOBIC LINING LOCATION L R		
Dorsum of forearm	☐	☐
Palmar of forearm	☐	☐
Upper arm - lateral	☐	☐
Upper arm - medial	☐	☐
Full arm	☐	☐
Upper front chest	☐	☐
Upper back chest	☐	☐
Side body	☐	☐
Entire body front	☐	☐
Entire body back	☐	☐
Collar anterior	☐	
ZIPS - UPPER BODY		
Front	☐	
Back	☐	
Centre	☐	
Offset to LEFT	☐	
Offset to RIGHT	☐	
ZIPS - SLEEVES L R		
None in arms	☐	☐
Full length arm (neckline to wrist)	☐	☐
Upper arm (neckline to above elbow)	☐	☐
Shoulder point to wrist	☐	☐
ZIPS - FOREARM L R		
None	☐	☐
Radial	☐	☐
Ulnar	☐	☐
DRESSING ASSIST L R		
Zip tab - (state quantity 1-4)		
Location:		
Zip loopers	☐	☐
Leather assist	☐	☐
REINFORCING L R		
Shimmer	☐	☐
Powernet	☐	☐
Powersoft	☐	☐
REINFORCING LOCATION L R		
Dorsum of forearm	☐	☐
Palmar of forearm	☐	☐
Upper arm - lateral	☐	☐
Upper arm - medial	☐	☐
Full arm	☐	☐
Chest - front nape to axilla depth	☐	☐
Chest - back nape to axilla depth	☐	☐
Side body	☐	☐
Entire body front	☐	☐
Entire body back	☐	☐
Collar anterior	☐	



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ALL IN ONE - Vest

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SILICONE LINING Silon-Tex®II

USED TO MANAGE APPEARANCE OF SCARS

L R

Photos provided **or**

Draw location on assessment
drawings below

Small: 3 x 8 cm

Medium: 6 x 12cm

Large: 12 x 18cm

A5 size: 15 x 21cm

A4 size: 21 x 30cm

Pocket and deficit pad - silicone on
pocket only (photos required)

Deficit pad only (silicone one side)

☐

☐

☐

☐

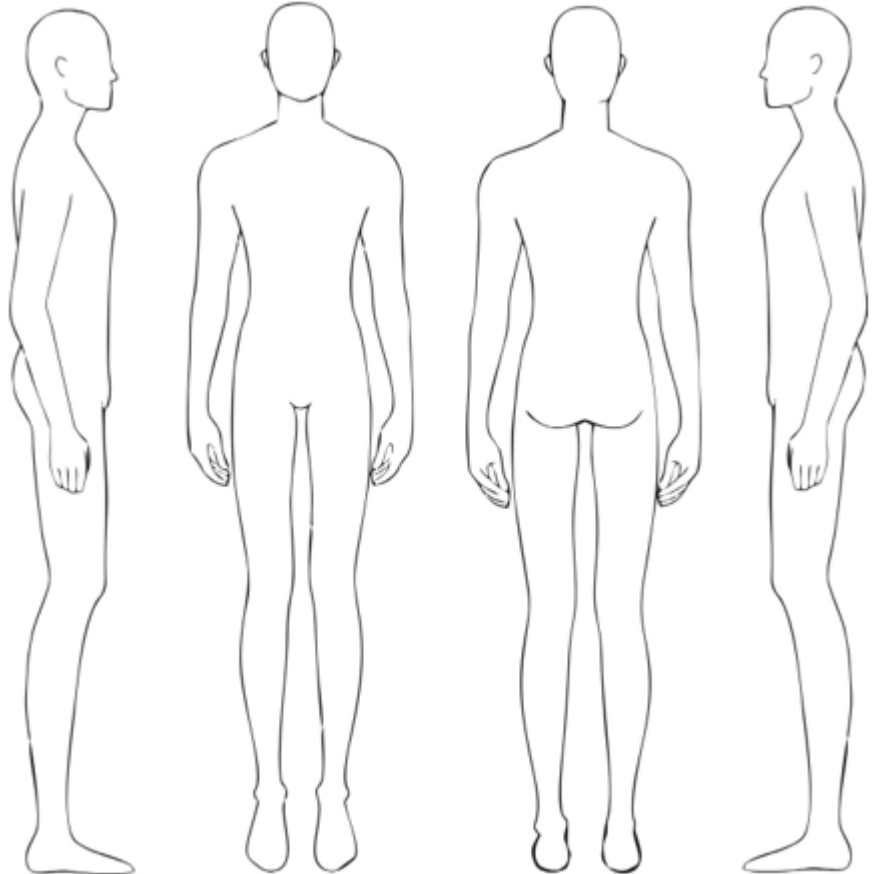
☐

☐

☐

☐

☐



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SECOND SKIN PTY LTD

40 O'Malley Street,
OSBORNE PARK, WA 6017

P: +61 8 9201 9455
E: perth@secondskin.com.au

Last Updated: June 2025

Measurement Form

ALL IN ONE - Vest

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CLIENT SURNAME:

CLIENT FIRST NAME:

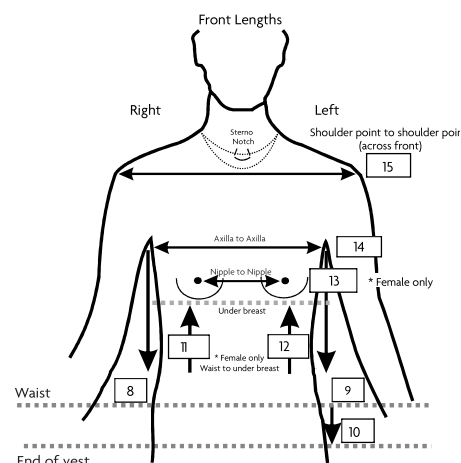
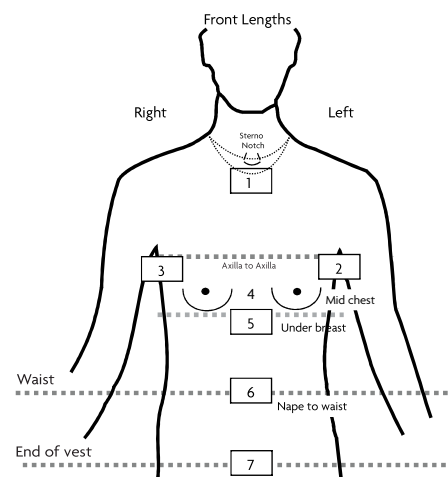
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FRONT VEST LENGTH MEASURES

- 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 the side of the body.

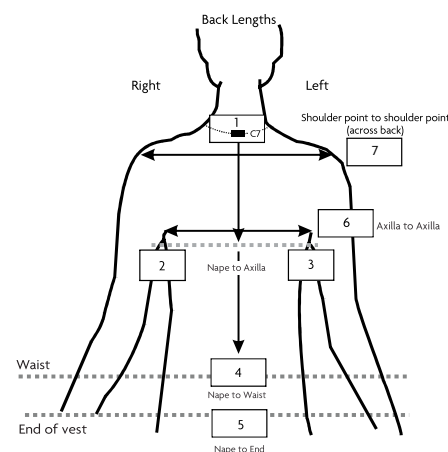
1. Nape drop (determines the depth of neckline)	
2. Nape to axilla level - LEFT	
3. Nape to axilla level - RIGHT	
4. Nape to mid chest	
5. Nape to under breast (bra underwire level)	
6. Nape to waist	
7. Nape to end of vest (determines vest length)	
8. Underarm to waist - RIGHT	
9. Underarm to waist - LEFT	
10. Underarm to end of garment	
11. Waist up to under breast - RIGHT	
12. Waist up to under breast - LEFT	
13. Nipple to nipple	
14. Armhole crease to armhole crease across chest	
15. Shoulder point to shoulder point	



BACK VEST LENGTH MEASURES

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

1. Nape drop (determines the depth of neckline)	
2. Nape to axilla level - LEFT	
3. Nape to axilla level - RIGHT	
4. Nape to waist	
5. Nape to end of vest (determines vest length)	
6. Armhole crease to armhole crease across chest	
7. Shoulder point to shoulder point	



Measurement Form

ALL IN ONE - Vest

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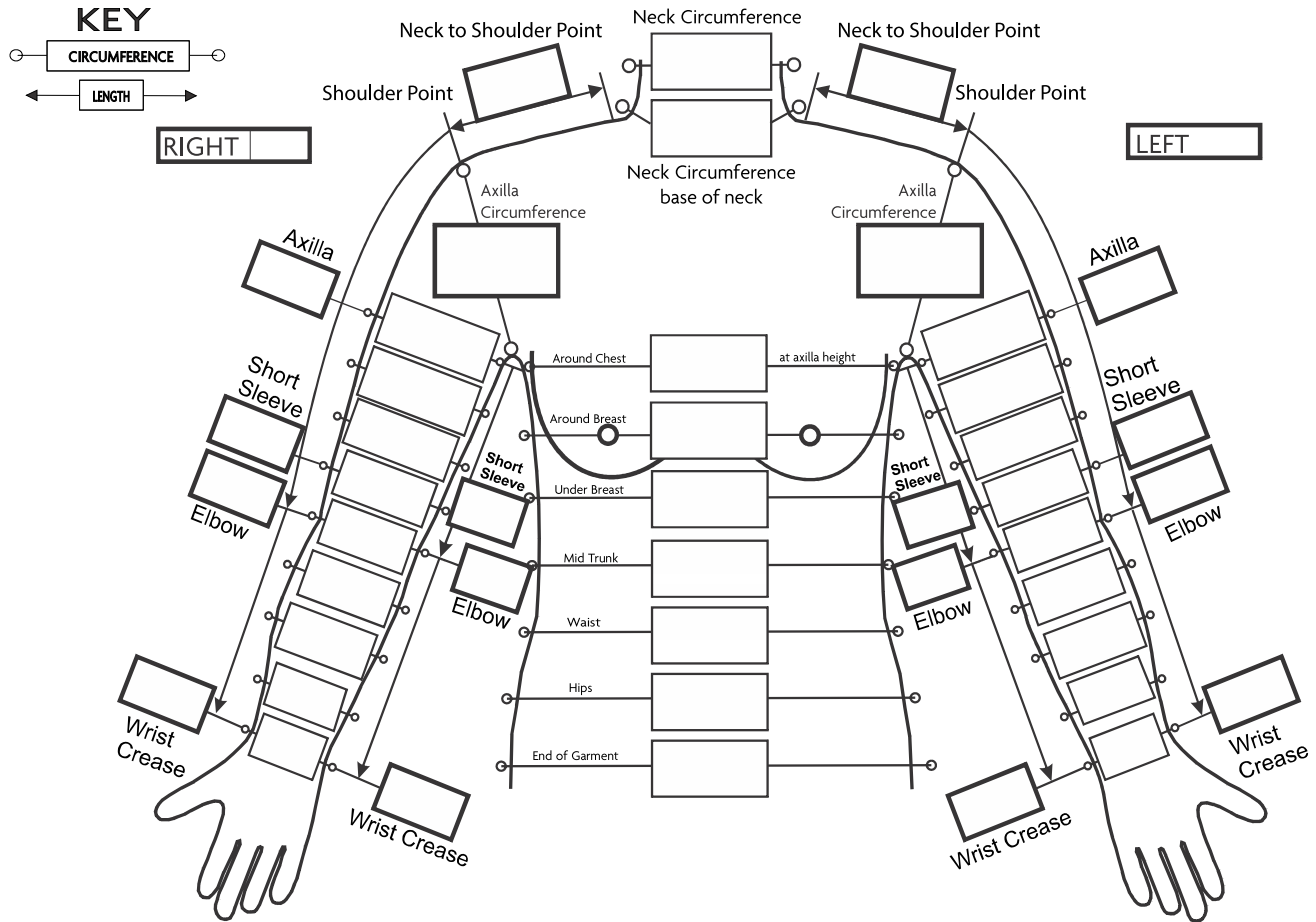
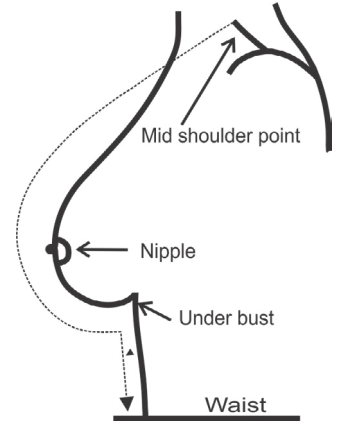
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BREAST MEASUREMENTS

These length measurements determine the bust position.
To be measured wearing supportive bra or crop top.

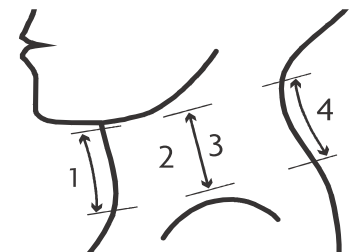
1. Mid shoulder to nipple - LEFT		4. Mid shoulder to nipple - RIGHT	
2. Mid shoulder over nipple to under breast - LEFT		5. Mid shoulder over nipple to under breast - RIGHT	
3. Mid shoulder over nipple to waist - LEFT		6. Mid shoulder over nipple to waist - RIGHT	
		7. Bra cup size If known	



STOVEPIPE COLLAR HEIGHT MEASURES

If a stovepipe collar is required, please take the following:

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	



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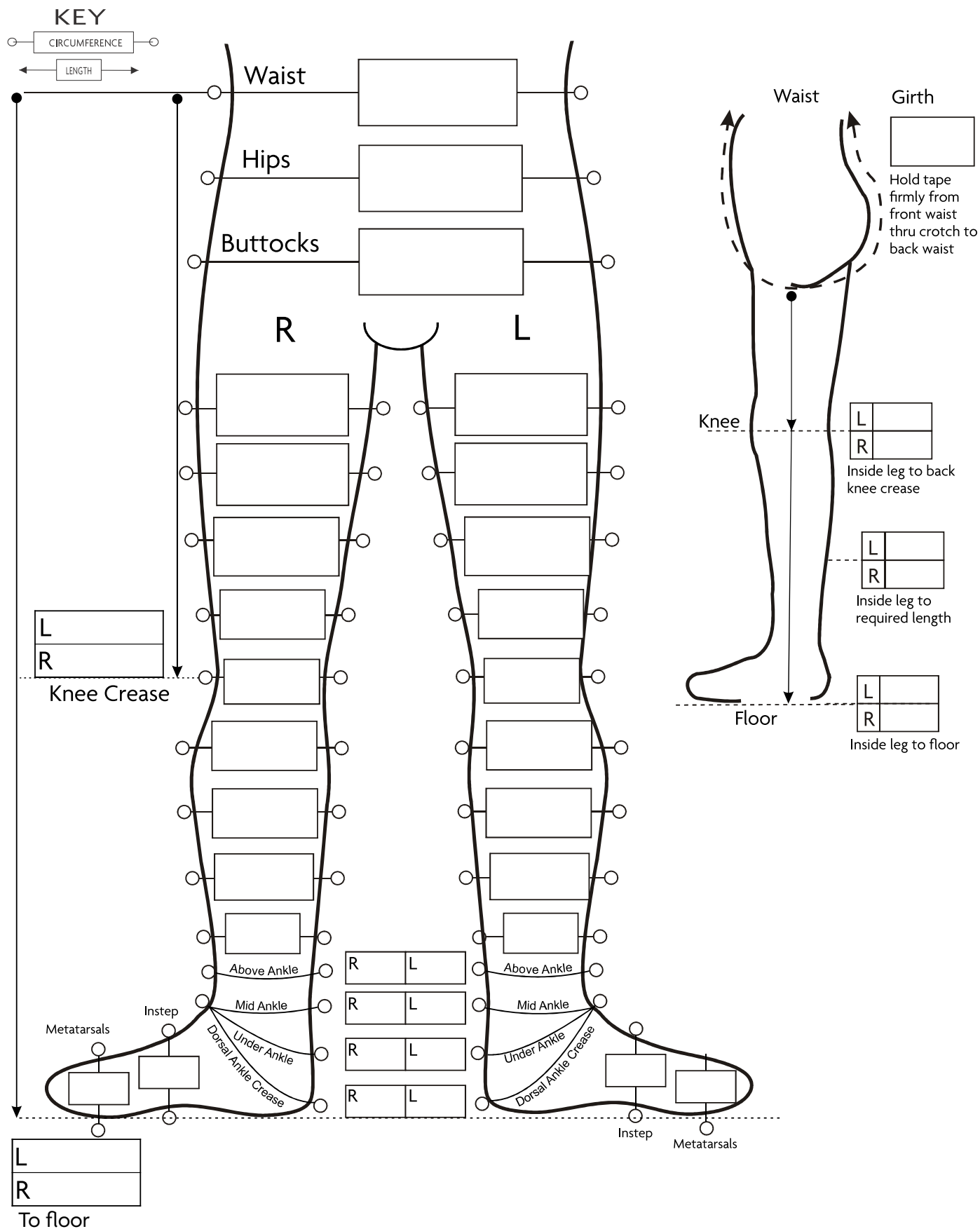
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Measurement Form

Foot Trace

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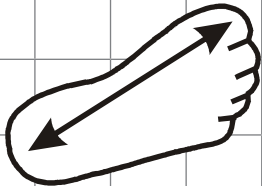
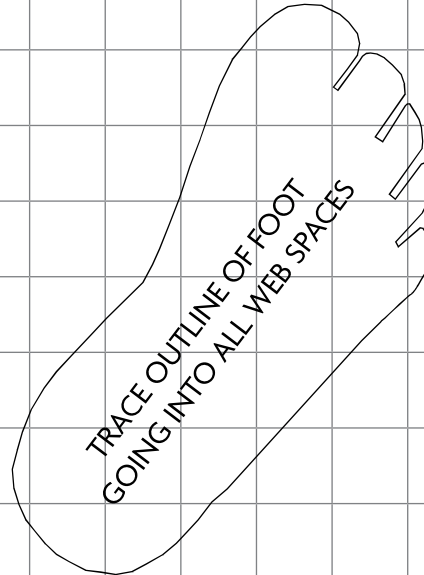
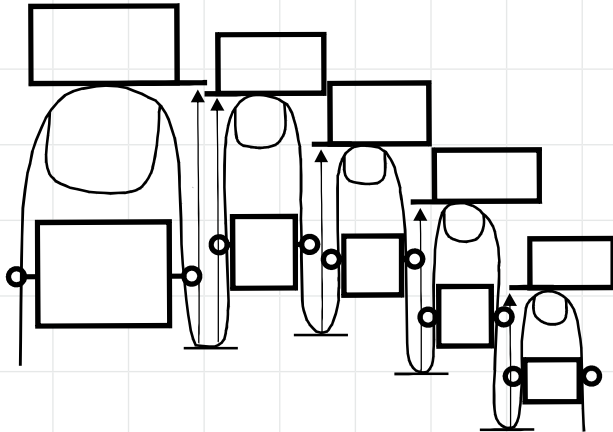
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Scale 1:1 – Bar = 10 cm (Each box = 1 cm × 1 cm)



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)

