CONFIDENTIAL

PATIENT DETAILS FORM

email: orders@secondskin.com.au

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

Tights
(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	
Two leg	◯
One-and-a-half leg	◯
Single leg with attached waist band	◯
Short legs to above knee	◯
Thigh high	◯

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 crotch**	◯
Fly front - **includes 3d shaping front** crotch	◯

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	◯	◯

KNEE GUSSET CONTINUED	L	R
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
None	◯	◯
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 thigh high	◯	◯
Nappy zip (children only)	◯	◯

ZIPS - LOWER BODY CONTINUED	L	R
Full length curved into foot	◯	◯
Below knee	◯	◯
Posterior straight medial to ankle	◯	◯
Posterior straight lateral to ankle	◯	◯
Straight lateral to ankle	◯	◯
Curved medial into foot	◯	◯
Curved lateral into foot	◯	◯

DRESSING ASSIST	L	R
Zip tab	◯	◯
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	◯	◯

Prescription Form

Amputee lower limb Tights (Page 1 of 2)

CLIENT SURNAME:

CLIENT FIRST NAME:

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REINFORCING LOCATION	L	R
Front brief section	☐	☐
Back waist 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	☐	☐

LEATHER SOLE	L	R
Sole	☐	☐

LEATHER HEEL	L	R
Heel	☐	☐

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	☐	☐

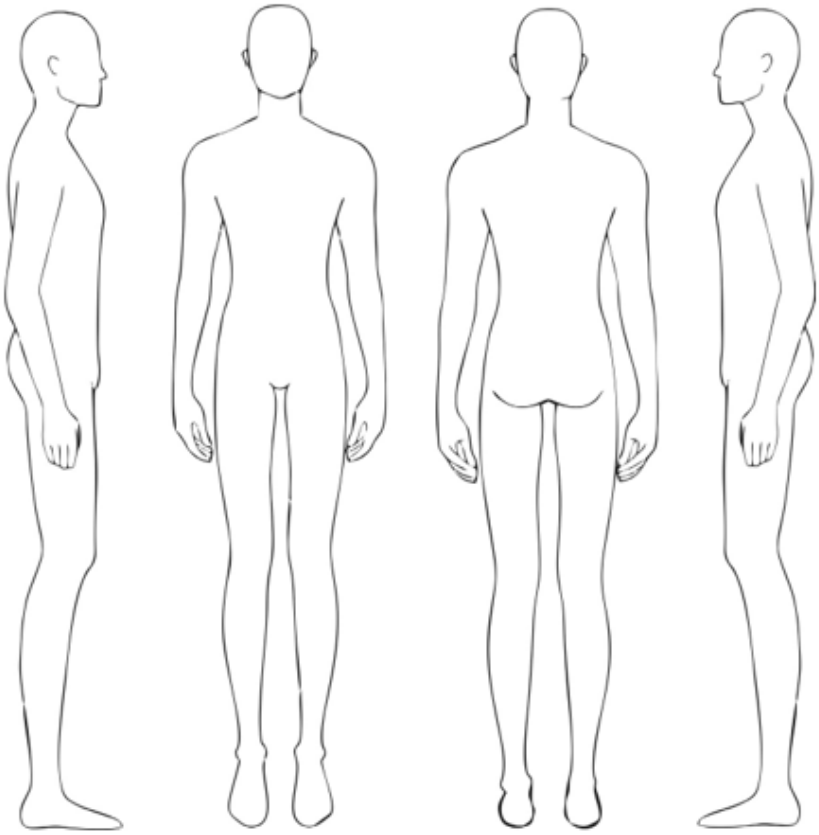
MISCELLANEOUS	L	R
Lower leg centre back vertical seam (for full calf shaping)	☐	☐

DEFICIT PAD	L	R
Without pocket	☐	☐
With pocket	☐	☐

SILICONE ELASTIC CHOOSE 1 LOCATION ONLY	L	R
Posterior to anchor back waist in position	☐	☐
Anterior to anchor front brief on fuller abdomens	☐	☐

ADDITIONAL OPTIONS	L	R
Colostomy Site with pouch & zip Access	☐	☐
Hernia support	☐	☐
Shaped abdomen		☐
Pregnancy panel		☐
Scrotal support		☐
Soft braces with Velcro closure		☐

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.

Measurement Form

Amputee lower limb Tights (Page 1 of 3)

CLIENT SURNAME:

CLIENT FIRST NAME:

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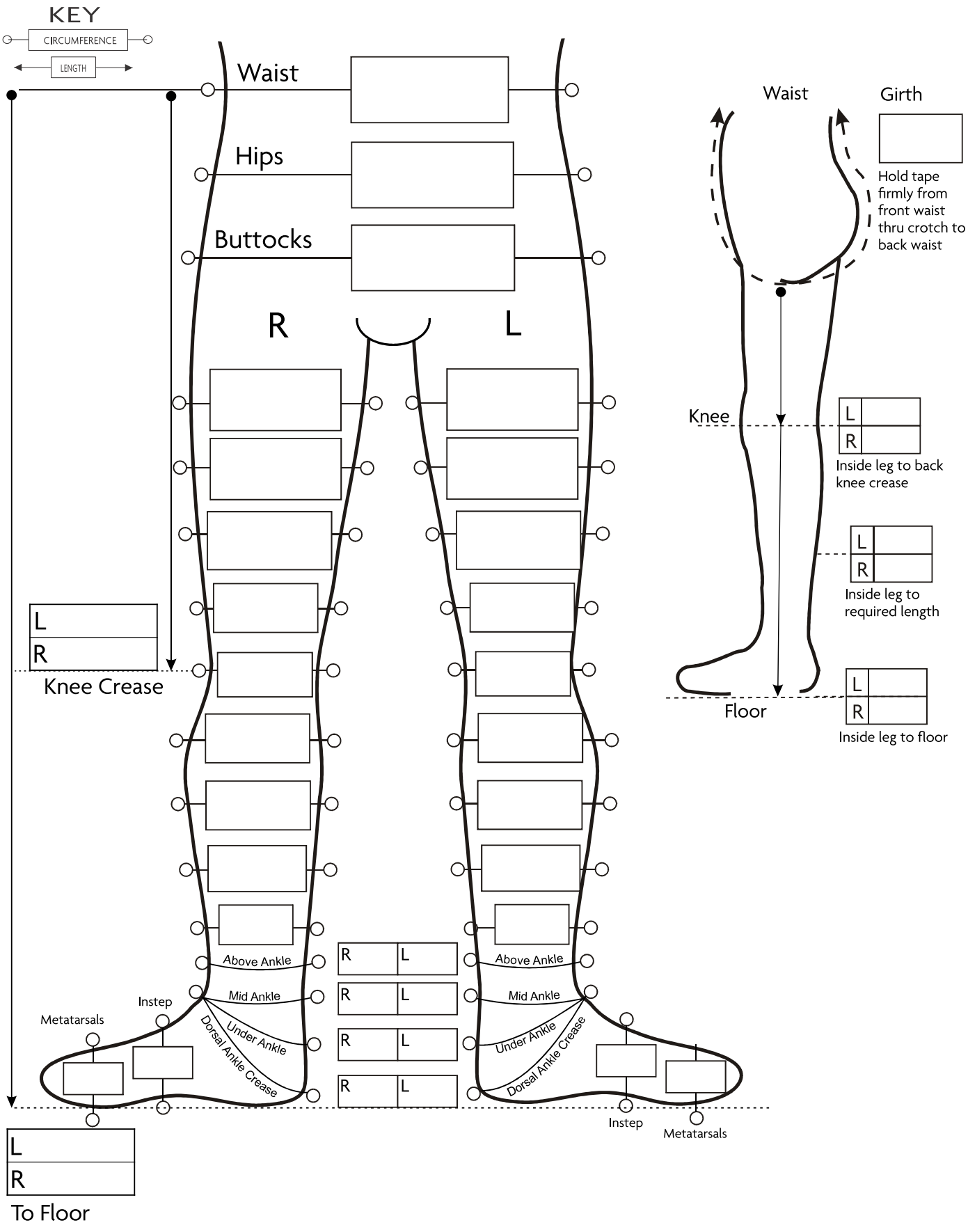

Measurement Form

Amputee lower limb Tights (Page 2 of 3)

CLIENT SURNAME:

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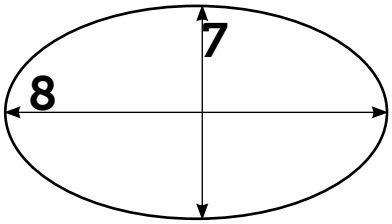
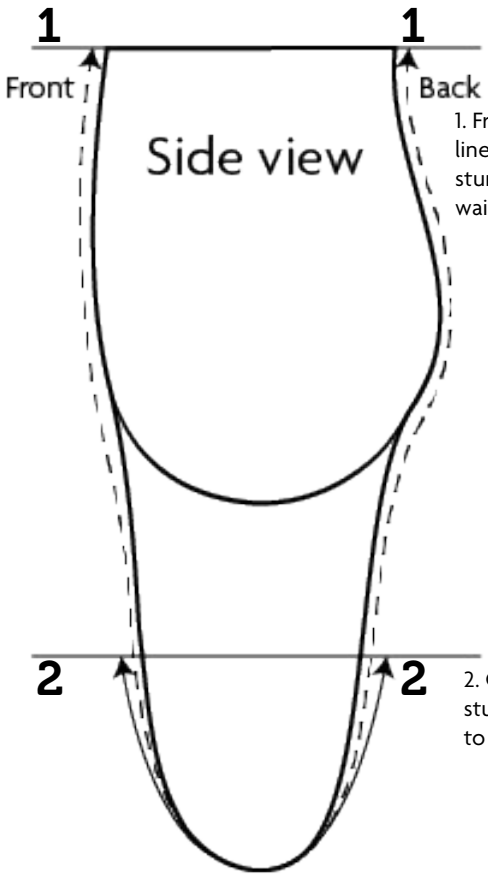
Design Options:	L	R
Waist height, one stump	◯	◯
Stump support below knee	◯	◯
Stump support above knee	◯	◯

Cross section off stump



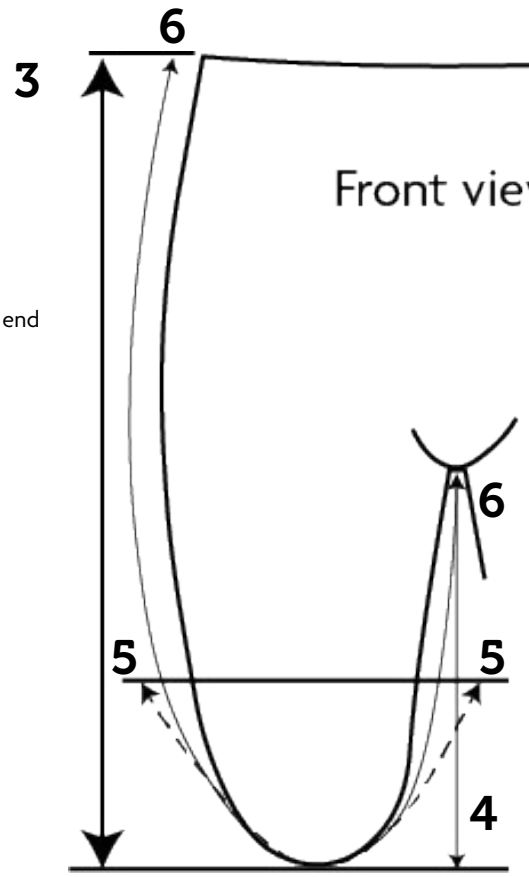
7. Cross section of stump

8. Cross section of stump



1. From centre front waist-line down leg and around stump and finishing at back waistline.

2. Commencement of stump shape from anterior to posterior



3. Length form waist to end of stump

6. From inner leg around stump to waistline on lateral side

5. Commencement of stump shape from medial to lateral side

4. Length, innner leg to end of stump

Measurement Form

Foot Trace
(Page 3 of 3)

CLIENT SURNAME:

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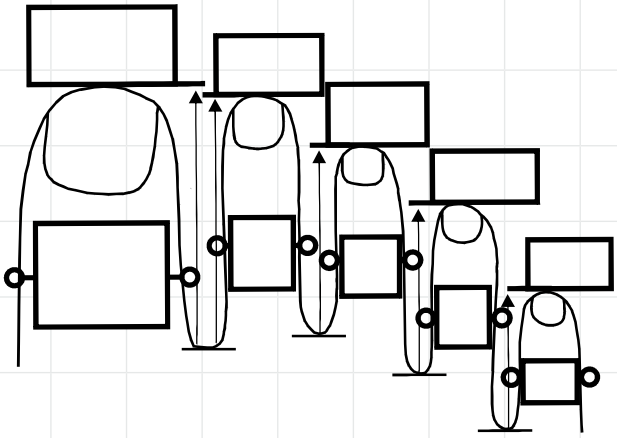
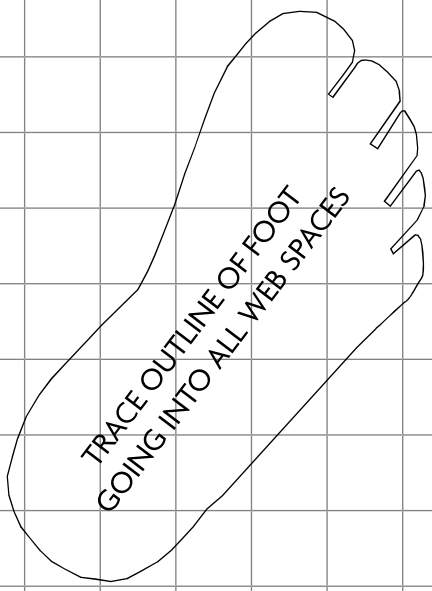
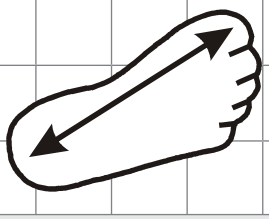
Scale 1:1 – Bar = 10 cm (Each box = 1 cm × 1 cm)







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

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.