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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
ARM SLEEVE & TAILORED ARM SLEEVE
(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
Arm sleeve (wrist to axilla)	◯	◯
Tailored arm sleeve (with shoulder cap)	◯	◯
Style 1 - thin adjustable elastic strap	◯	◯
Style 2 - fabric strap w velcro closure	◯	◯
Style 3 - fabric strap crossing at side, wrapping around & achoring at waist	◯	◯
Style 4 - Under axilla **or**	◯	◯
Style 4 - Under breast	◯	◯

WITH (include glove px)	L	R
Attached gauntlet	◯	◯
Detached gauntlet	◯	◯
Attached MCP gauntlet	◯	◯
Detatched MCP gauntlet	◯	◯
Attached glove	◯	◯
Detached glove	◯	◯

FABRIC	L	R
Powernet	◯	◯
Powersoft	◯	◯
Shimmer	◯	◯
Single Hydrophobic	◯	◯
Double Hydrophobic	◯	◯

HYDRO LINING	L	R
Hydro lining to whole garment	◯	◯

FLAP / STUMP	L	R
Upper limb flap	◯	◯
Upper limb stump	◯	◯

ELBOW - FLEXION GUSSET	L	R
All Shimmer	◯	◯
Shimmer anterior & Powernet posterior	◯	◯
Shimmer anterior & Powersoft posterior	◯	◯

ELBOW - FLEXION GUSSET cont	L	R
Single Hydrophobic	◯	◯
Double Hydrophobic	◯	◯

HYDROPHOBIC LINING ELBOW	L	R
Anterior elbow	◯	◯
Posterior elbow	◯	◯
Circumferential elbow	◯	◯

HYDROPHOBIC LINING SECTIONS Does not apply if fully lined	L	R
Forearm	◯	◯
Dorsum	◯	◯
Palmar	◯	◯
Radial	◯	◯
Lateral	◯	◯
Upper Arm	◯	◯
Anterior	◯	◯
Posterior	◯	◯
Medial	◯	◯
Lateral	◯	◯

HYDROPHOBIC LINING GLOVE		
Attached Glove - refer to Glove px	◯	◯
Detached Glove - refer to Glove px	◯	◯

ZIPS	L	R
None in arms	◯	◯
Forearm (extends from MCP or wrist to below elbow)	◯	◯
Radial	◯	◯
Ulnar	◯	◯
Upper arm (extends from elbow to point of shoulder)	◯	◯
Full length (extends from MCP or wrist to point of shoulder)	◯	◯

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
Forearm	◯	◯
Dorsum	◯	◯
Palmar	◯	◯
Radial	◯	◯
Lateral	◯	◯
Upper Arm	◯	◯
Anterior	◯	◯
Posterior	◯	◯
Medial	◯	◯
Lateral	◯	◯
Attached glove - refer to Glove px	◯	◯
Detached glove - refer to Glove px	◯	◯

Prescription Form

ARM SLEEVE & TAILORED ARM SLEEVE (Page 2 of 2)

CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

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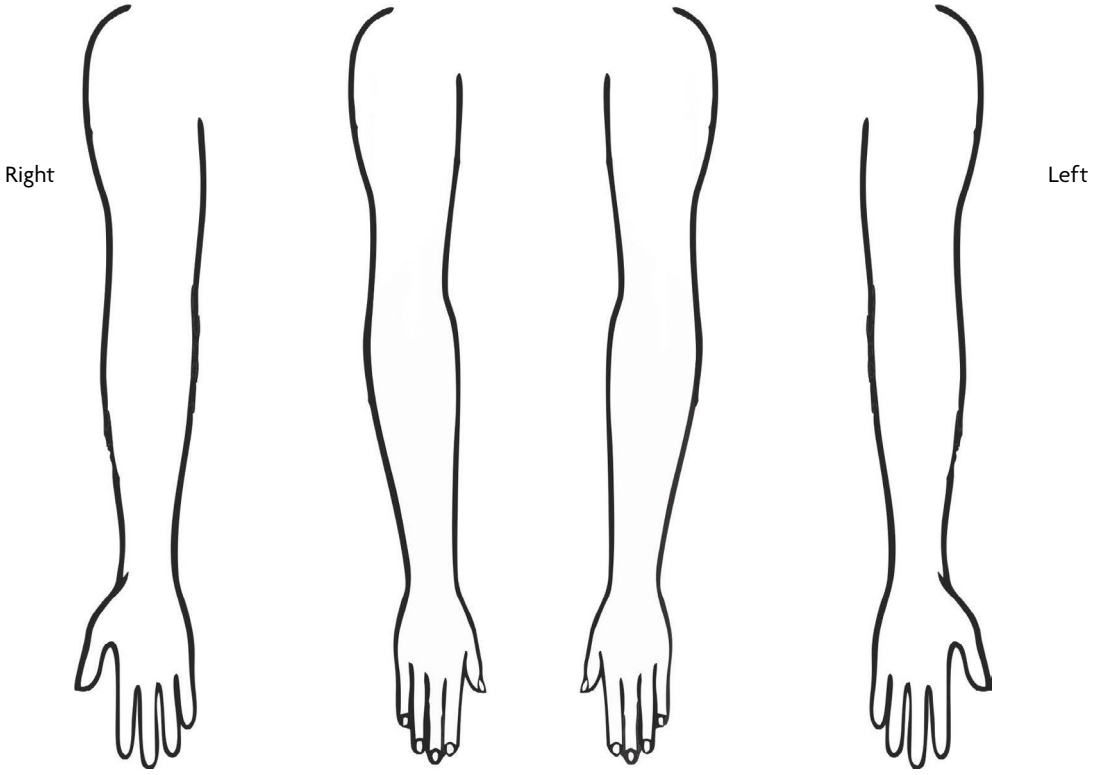
SILICONE LINED FABRIC USED TO MANAGE APPEARANCE OF SCARS	L	R
Photos provided or	◯	◯
Draw location on assessment drawings	◯	◯
Small: 3 x 8 cm	◯	◯
Medium: 6 x 12cm	◯	◯
Large: 12 x 18cm	◯	◯
A5 size: 15 x 21cm	◯	◯
A4 size: 21 x30cm	◯	◯
Pocket and deficit pad - silicone on pocket only (photos required)	◯	◯
Attached glove - refer to Glove px	◯	◯
Detached glove - refer to Glove px	◯	◯



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.

Measuring Form
ARM SLEEVE & TAILORED ARM SLEEVE

CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

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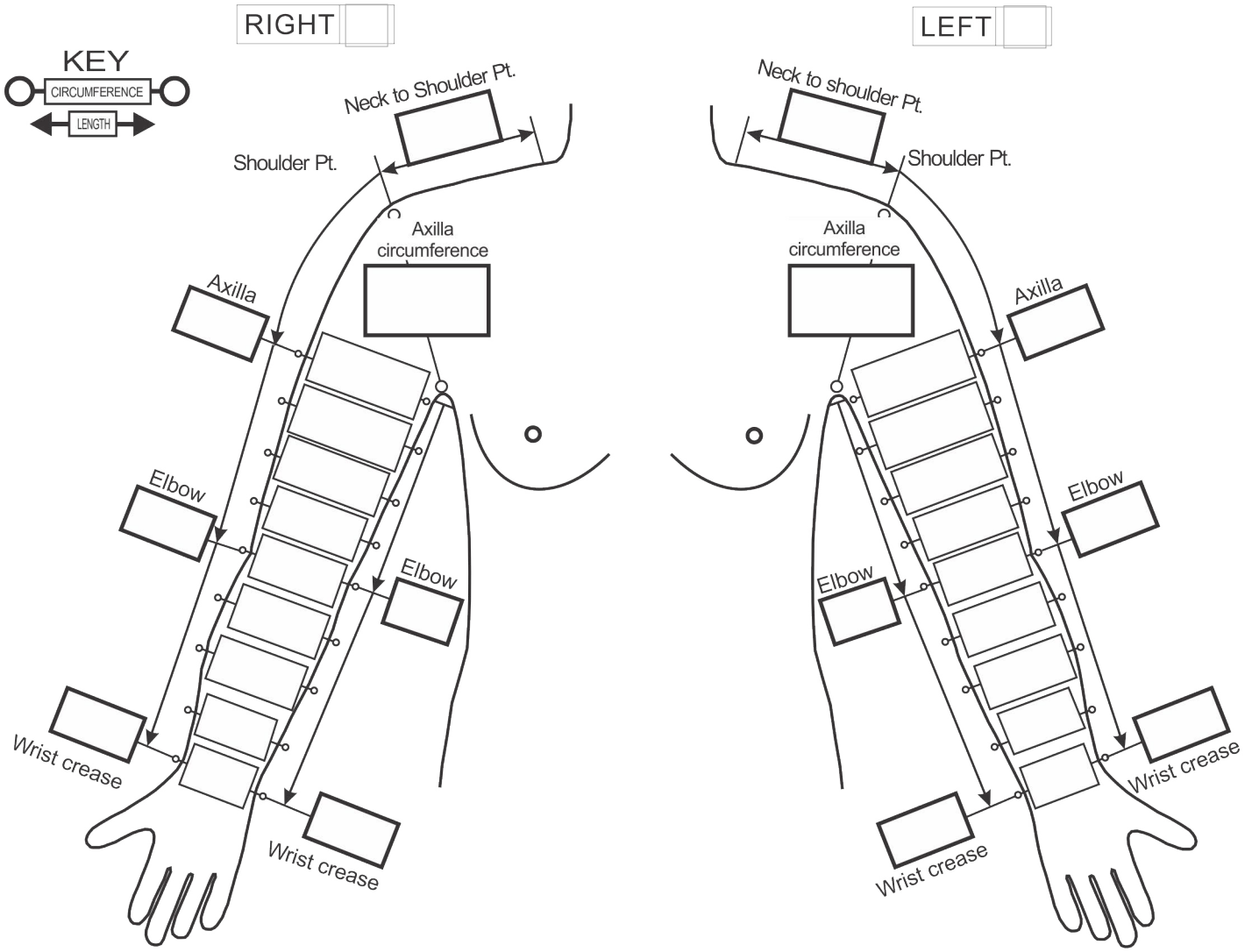
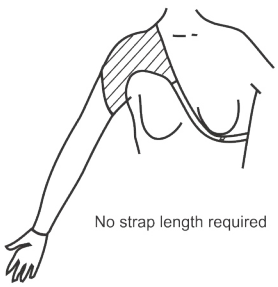


Strap length required

NB: See diagram for placement of strap

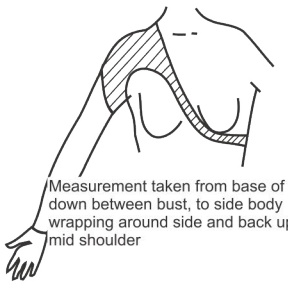
Style: 1



No strap length required

Adjustable strap with narrow elastic

Style: 2

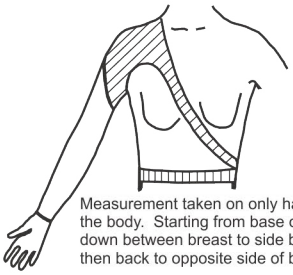


Measurement taken from base of neck, down between bust, to side body wrapping around side and back up to mid shoulder

cm

Velcro Fastening

Style: 3

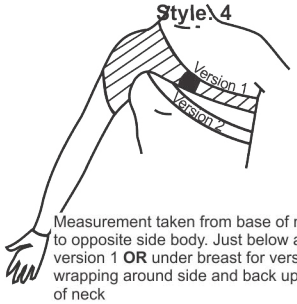


Measurement taken on only half the body. Starting from base of neck, down between breast to side body, then back to opposite side of body.

cm

Velcro Fastening

Style: 4



Measurement taken from base of neck to opposite side body. Just below axilla for version 1 **OR** under breast for version 2, wrapping around side and back up to base of neck

Version 1 cm **OR** Version 2 cm

Adjustable strap with wide elastic and D Ring