



PATIENT DETAILS FORM

email: orders@secondskin.com.au

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PATIENT DETAILS

Date		Order:	New Order <input type="radio"/>	Reorder <input type="radio"/>
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) <input type="radio"/> Email <input type="radio"/> Unable to provide <input type="radio"/>		

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 <input type="radio"/> Patient address as above <input type="radio"/>		
Or Other:			
Date required by:	or standard turn around, 5-7 working days* <input type="radio"/>		

*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

Head & Face

(Page 1 of 2)

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



Chinstrap



Full Crown
Cap Chinstrap



High Collar Chinstrap



Open Face Mask



Closed Face Mask

Photos of facial Anomalies: With any facial anomalies a photograph is required and used with strict confidentiality

STYLE	
Chinstrap	<input type="radio"/>
Full Crown Cap Chinstrap	<input type="radio"/>
High Collar Chinstrap	<input type="radio"/>
Open Face Mask	<input type="radio"/>
Closed Face Mask - standard includes hydrophobic lining to face	<input type="radio"/>
FABRIC	
Powernet	<input type="radio"/>
Powersoft	<input type="radio"/>
Shimmer	<input type="radio"/>
Single Hydrophobic	<input type="radio"/>
Double Hydrophobic	<input type="radio"/>
HYDRO LINING	
Hydro lining to whole garment	<input type="radio"/>
FLAP LOCATION - record area below	
ZIPS	
Posterior LEFT	<input type="radio"/>
Posterior RIGHT	<input type="radio"/>
Dual	<input type="radio"/>
DRESSING ASSIST	
Zip tab	<input type="radio"/>
Zip loopers	<input type="radio"/>
Leather assist tab	<input type="radio"/>
HYDROPHOBIC LINING SECTIONS	
Left side of face	<input type="radio"/>
Right side of face	<input type="radio"/>
Chin area	<input type="radio"/>
Forehead	<input type="radio"/>
Neck - anterior	<input type="radio"/>
EAR HOLES REQUIRED	
Ear hole	<input type="radio"/> <input type="radio"/>
REINFORCING	
Shimmer	<input type="radio"/>
Powernet	<input type="radio"/>
Powersoft	<input type="radio"/>
REINFORCING LOCATION	
Left side of face	<input type="radio"/>
Right side of face	<input type="radio"/>
Chin area	<input type="radio"/>
Nose area	<input type="radio"/>
Forehead	<input type="radio"/>
Neck - anterior	<input type="radio"/>
ADDITIONAL OPTIONS	
Deficit pad - record details below	<input type="radio"/>

Notes/Design Options Please note any further design options you require. Please call our design department in Perth (+61 8 9201 9455) for any queries.



SECOND SKIN PTY LTD

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Prescription Form

Head & Face

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CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

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SILICONE LINING Silon-Tex®II

USED TO MANAGE APPEARANCE OF SCARS

Photos provided **or**

Draw location on assessment drawings

Small: 3 x 8 cm

Medium: 6 x 12cm

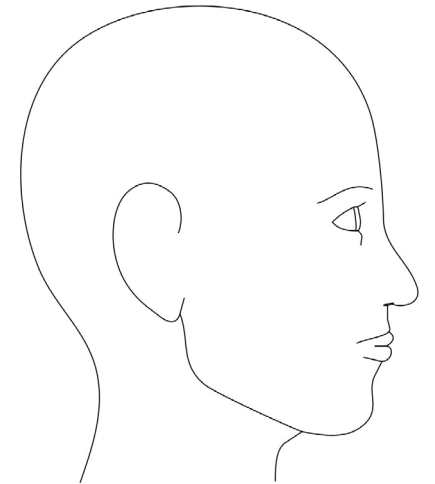
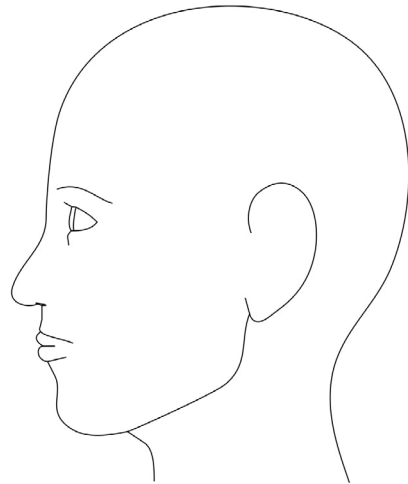
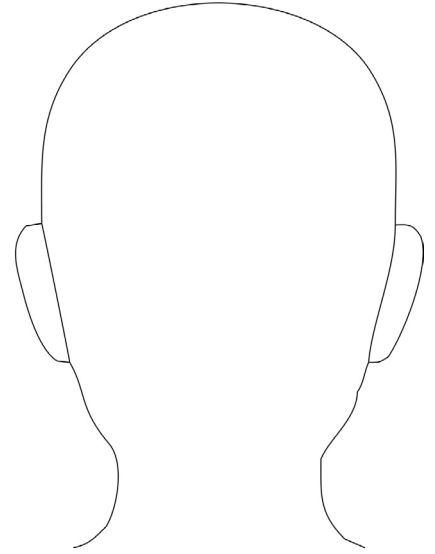
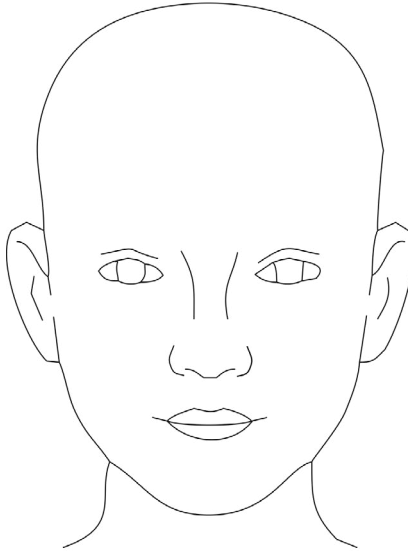
Large: 12 x 18cm

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)



Silicone Lined Fabric Notes: Please note any further information for silicone location.



Measurement Form

Head/Face

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CLIENT SURNAME:

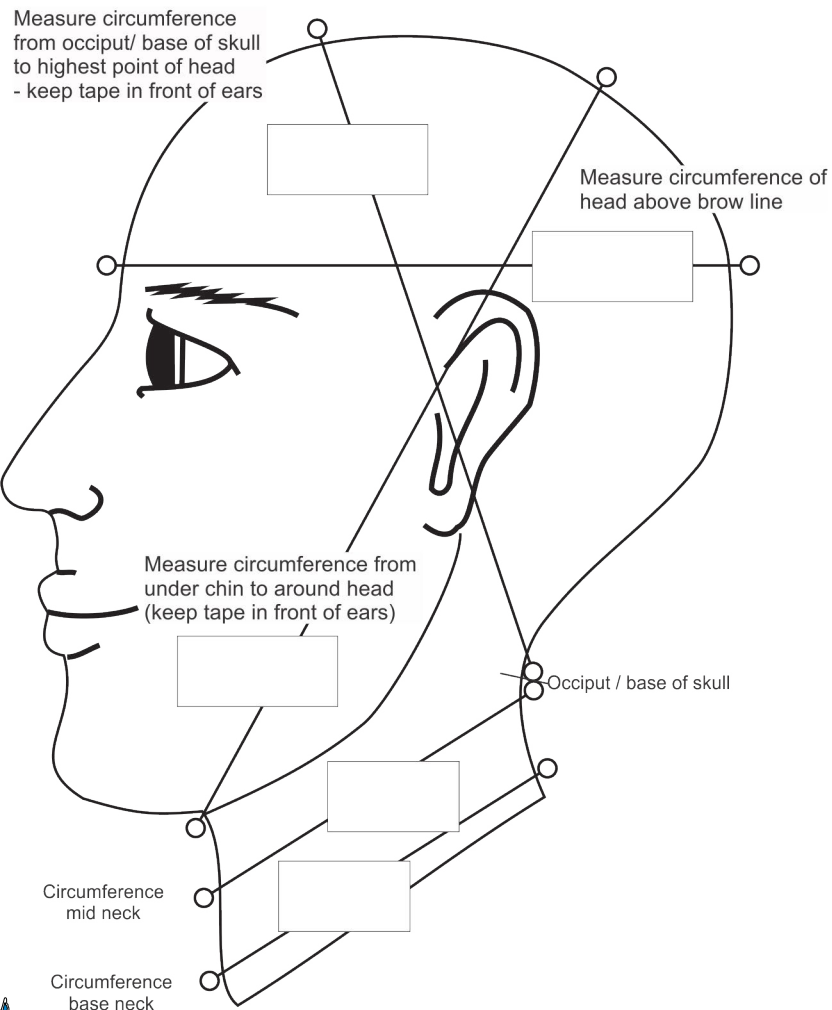
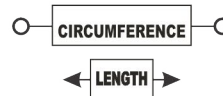
CLIENT FIRST NAME:

DATE:

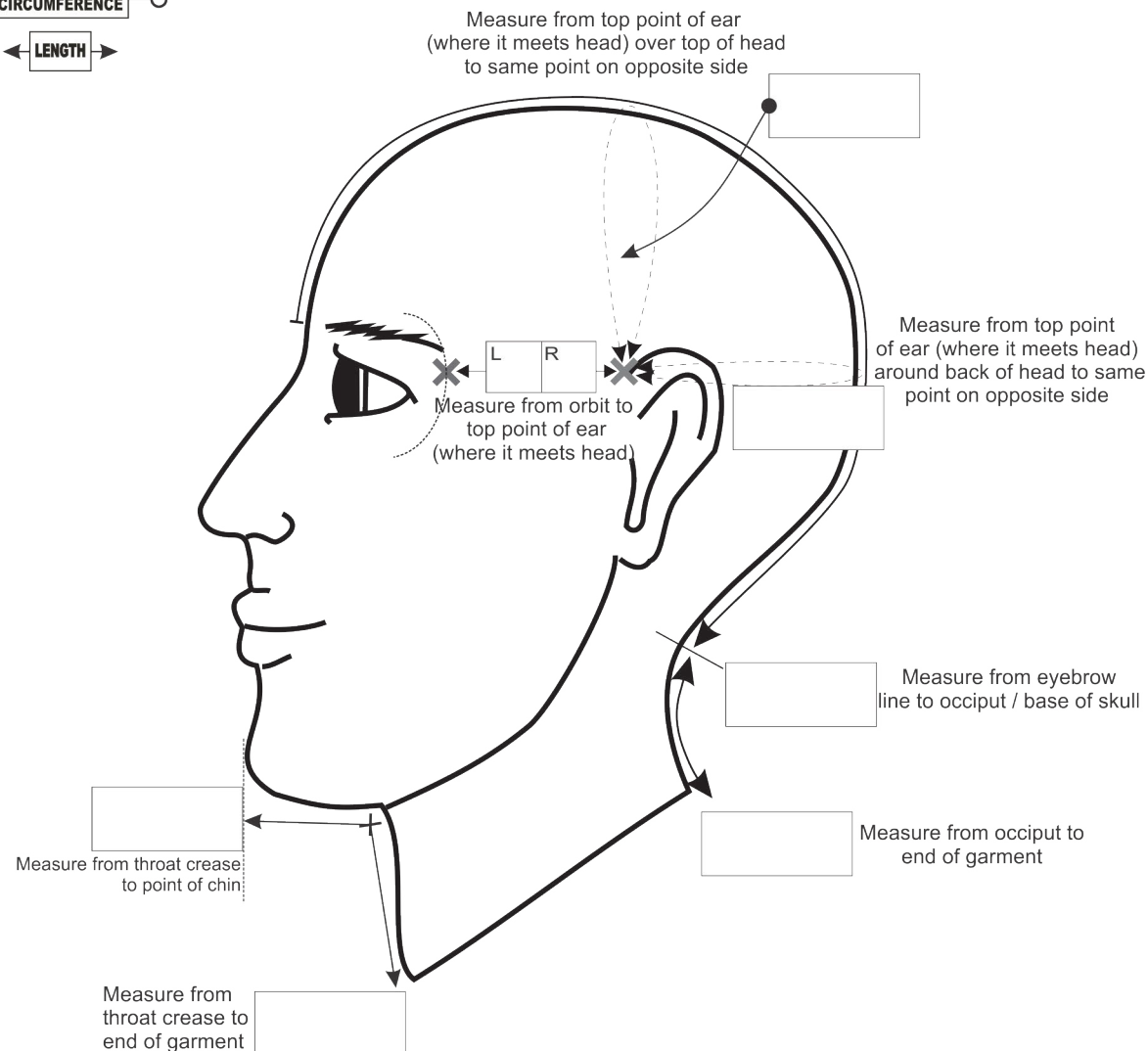
CONFIDENTIAL

CIRCUMFERENCES

KEY



LENGTHS



Measurement Form

Head/Face

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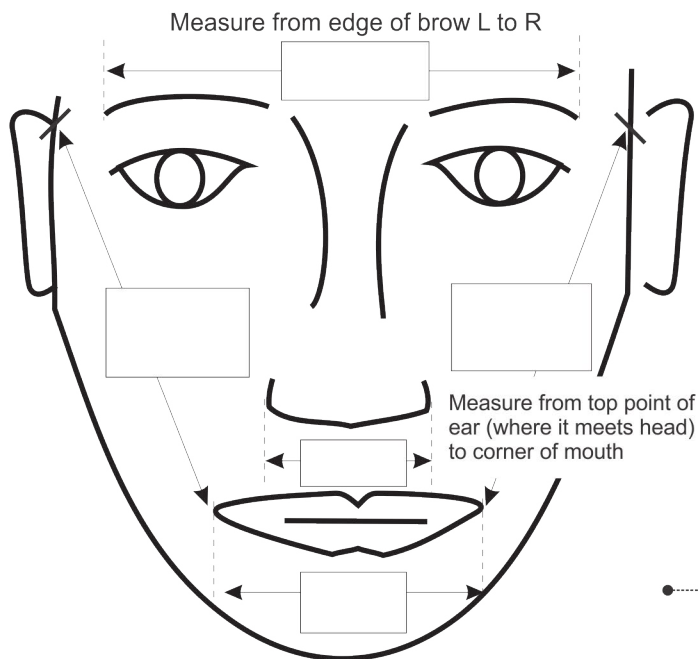
CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

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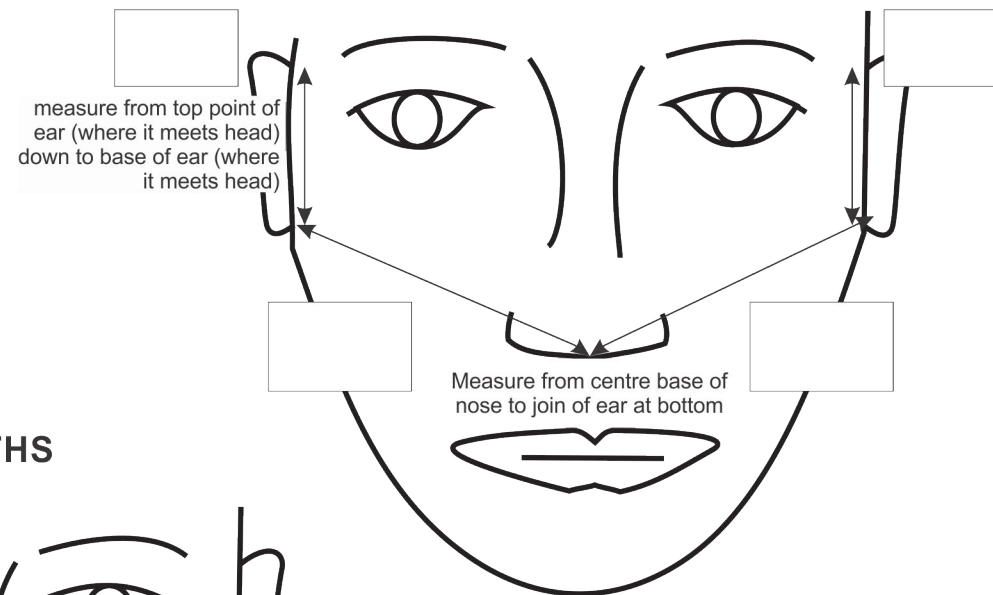
WIDTHS



KEY



EAR LOCATION



LENGTHS

