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
Sock
(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
Knee high	◯	◯
Ankle high	◯	◯
Leg band - calf	◯	◯
WITH		
Open toe	◯	◯
Closed toe	◯	◯
Big toe separate	◯	◯
Foot glove (includes slant gussets)	◯	◯
Single Hydro toe cap	◯	◯
Double Hydro toe cap	◯	◯
Shimmer toe cap	◯	◯

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

HYDRO LINING	L	R
Hydro lining to whole garment	◯	◯

FLAP / STUMP	L	R
Flap	◯	◯
Stump	◯	◯

ZIPS	L	R
None	◯	◯
Posterior straight medial to ankle	◯	◯
Posterior straight lateral to ankle	◯	◯
Curved medial side into foot	◯	◯
Curved lateral side into foot	◯	◯
Fused foam padded zippers	◯	◯

LENGTH OF ZIP	L	R
Full length from top of sock	◯	◯
From mid calf	◯	◯

DRESSING ASSIST	L	R
Zip tab (state quantity 1-6)		
Zip looper	◯	◯
Leather grip assist	◯	◯

ANKLE / CALF SEAM	L	R
Centre front vertical seam (preferred for ankle comfort)	◯	◯
Ankle crease seam	◯	◯

DORSAL ANKLE GUSSET	L	R
None	◯	◯
Shimmer	◯	◯
Shimmer w/ Hydro lining	◯	◯
Powernet	◯	◯
Powernet w/ Hydro lining	◯	◯
Powersoft	◯	◯
Powersoft w/ hydro lining	◯	◯
Single Hydrophobic	◯	◯
Double Hydrophobic	◯	◯

HYDROPHOBIC LINING SECTIONS Does not apply if fully lined	L	R
Anterior leg	◯	◯
Posterior leg	◯	◯
Dorsum of foot	◯	◯
Sole	◯	◯
Lateral side	◯	◯
Medial side	◯	◯

REINFORCING FABRIC	L	R
Powernet	◯	◯
Shimmer	◯	◯
Powersoft	◯	◯

REINFORCING LOCATION	L	R
Anterior leg	◯	◯
Posterior leg	◯	◯
Dorsum of foot	◯	◯
Sole	◯	◯
Lateral side	◯	◯
Medial side	◯	◯
Heel (achilles)	◯	◯

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
Centre back vertical seam (for full calf shaping)	◯	◯
Wide std elastic at proximal end	◯	◯
Break in standard elastic (for vascular conditions)	◯	◯

Prescription Form
Sock
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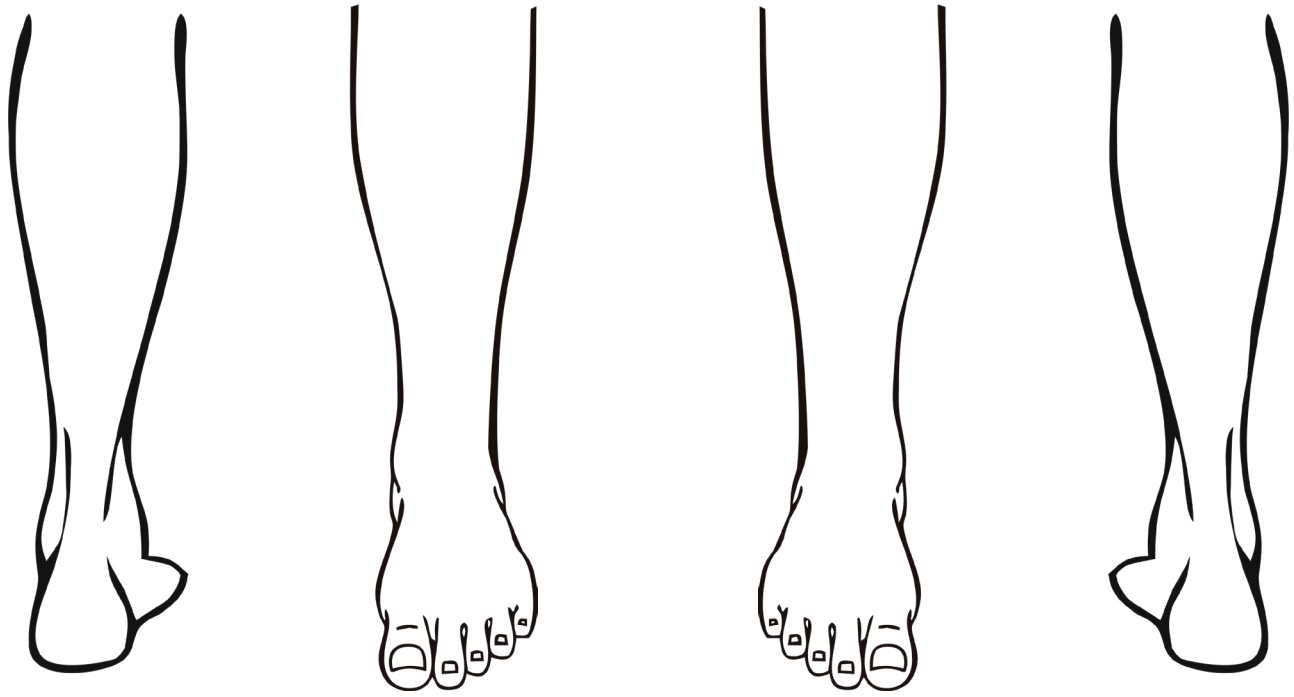
DEFICIT PAD	L	R
Without pocket	☐	☐
With pocket	☐	☐

SILICONE ELASTIC choose 1 location only	L	R
Lateral	☐	☐
Anterior	☐	☐

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)	☐	☐

Left **Right**



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

Sock

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CLIENT SURNAME:

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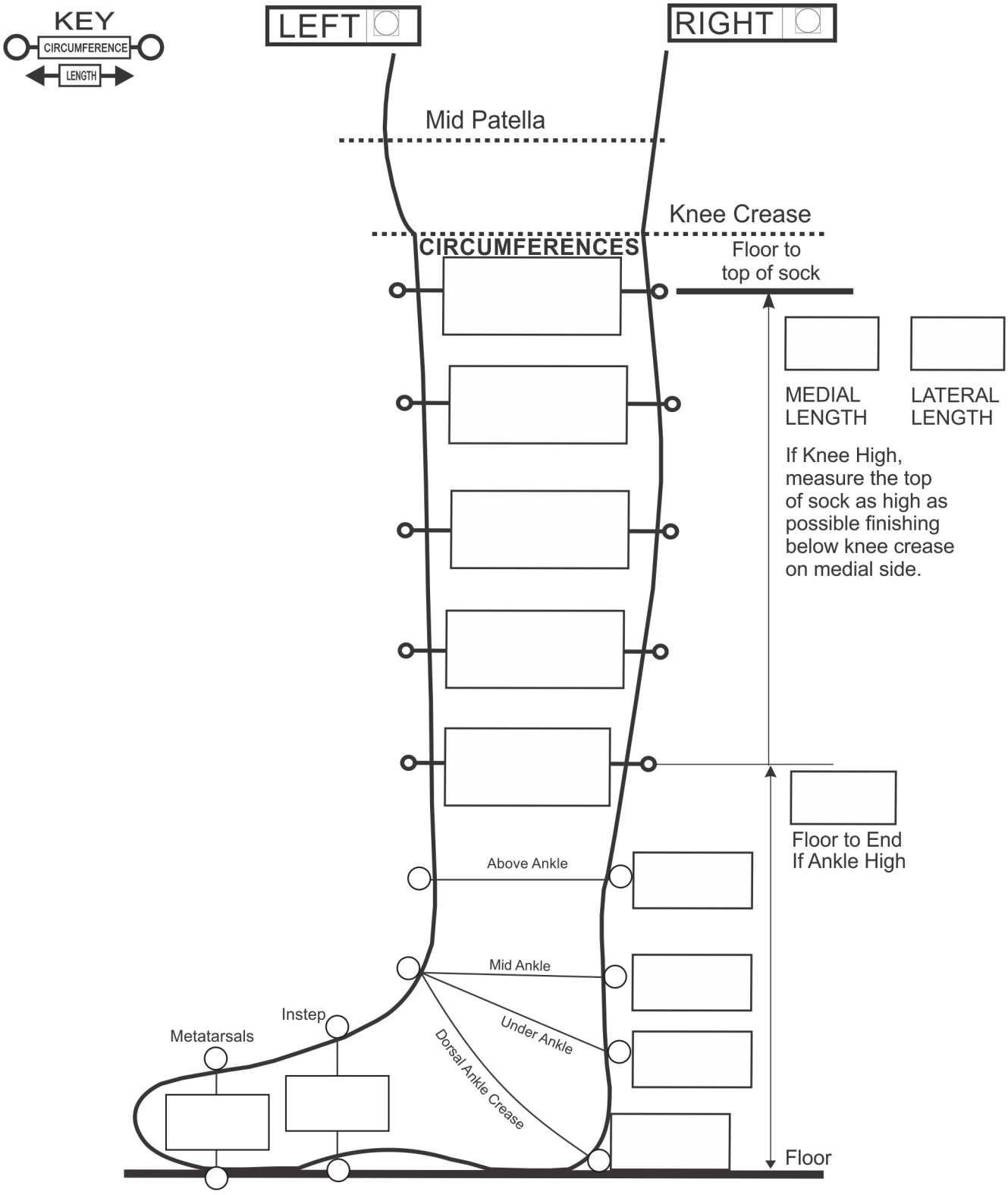
LEG LENGTHS

For shapely legs please provide additional lengths from floor to top of sock on both lateral and medial sides.

Posterior Length	



Measurement Form

Foot Trace
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CLIENT SURNAME:

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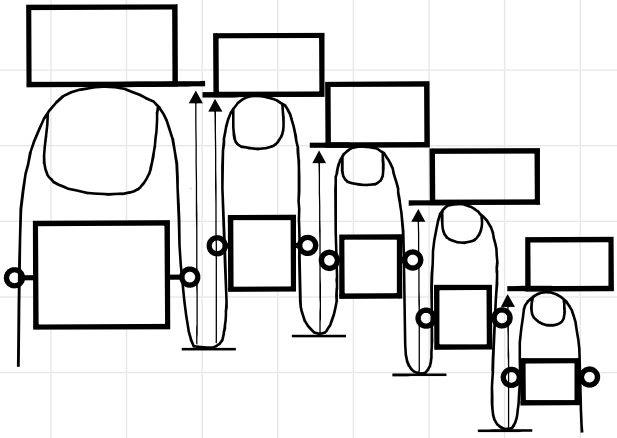
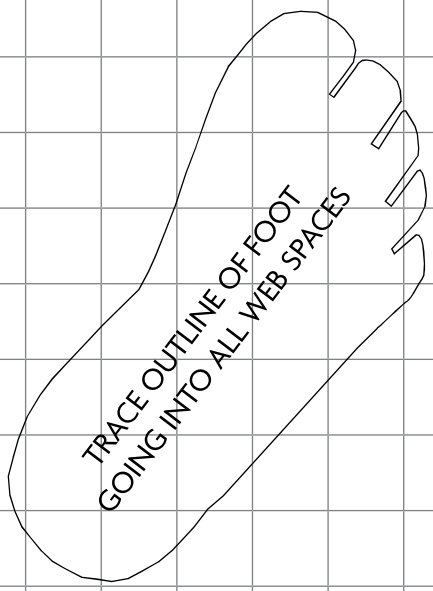
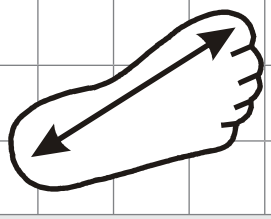
Scale 1:1 – Bar = 10 cm (Each box = 1 cm × 1 cm)







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.