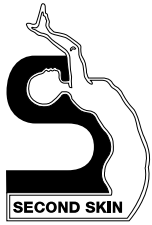


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PAGE NO: \_\_\_\_\_



# SECOND SKIN PTY LTD

40 O'MALLEY STREET, OSBORNE PARK 6017 (WA)

P: +61 8 9201 9455 E: [orders@secondskin.com.au](mailto:orders@secondskin.com.au)

or upload via [www.secondskin.com.au/contact/enquiry](http://www.secondskin.com.au/contact/enquiry) (choose "an order")

Existing Patient

New Patient

## PATIENT DETAILS FORM

Date:	New Order (✓)	Reorder (✓)	
<b>PATIENT:</b> (Surname)		(Given Names)	
Date of Birth:		M <input type="checkbox"/>	F <input type="checkbox"/>
Patient Address:		Post Code:	
Patient Phone No: (Home)		(Work)	
<b>HOSPITAL:</b>		<b>Order Number:</b>	
Hospital Address:		Post Code:	
Therapist Name:		Department:	
Therapist Phone No:		Pager No:	
Therapist Email			
Photo Sent (✓)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Email <input type="checkbox"/>
			POST/COURIER <input type="checkbox"/>

<b>GARMENT/GARMENTS REQUIRED:</b>	
<b>SEND ACCOUNT TO: (Include Claim/Reference Number)</b>	
<b>SEND GARMENT TO: Therapist - address as above (✓)</b>	<b>Patient - address as above (✓)</b>
<b>DATE REQUIRED BY:</b>	

Second Skin will always endeavour 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 / hospital order numbers.



**SECOND SKIN PTY LTD**  
40 O'MALLEY STREET  
OSBORNE PARK 6017 (WA)

E: [orders@secondskin.com.au](mailto:orders@secondskin.com.au) PAGE NO: \_\_\_\_\_

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# SPLINTED GLOVE PRESCRIPTION FORM

CLIENT

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

M

F

DATE: \_\_\_/\_\_\_/\_\_\_

**Colour:** Light  Dark  Black

Powersoft available Dark and Black only

**Diagnosis:** Burns

Lymphoedema

Trauma

Vascular Insufficiency

**My Second Skin range-feature colour**

Purple/Green/Pink/Blue/Yellow/White/Red/Orange \_\_\_\_\_ Left (Print colour choice clearly)

Purple/Green/Pink/Blue/Yellow/White/Red/Orange \_\_\_\_\_ Right (Print colour choice clearly)

Choose one colour per garment only \*Please choose carefully as garments cannot be exchanged/returned for change of mind or incorrect choice

1. Style		L	R	7. Leather Reinforcing					L	R		
Glove - includes fingers				Palm								
MCP Gauntlet - web spacers				Thumb								
				Fingers - No leather at base of fingers								
				Forearm								
2. Fabric - Splinted Glove requires 2 x layers of fabric		L	R	8. Thumb Position					L	R		
Shimmer/hydrophobic				Standard - in neutral position								
Double hydrophobic				Rotated for opposition to index finger								
3. Zips		L	R	De-rotation - extended away from palm								
None				9. Thumb Splinting - Available on Standard or De-rotated thumb					L	R		
Ulnar				Abduct from the CMC								
Radial				MCP thumb extension								
4. Dressing Assist		L	R	Fused foam on thenar eminence								
Zip tab				10. Wrist Extension - (comes with dorsal wrist gusset)					L	R		
Zip looper												
Leather assist				11. Transverse Arch Flattening					L	R		
5. Finger Gussets		L	R									
Standard- single hydrophobic				12. Finger Splinting					L	R		
Slant inserts - single hydrophobic					Index		Middle		Ring		Little	
6. Finger Tips		L	R		Ext	Flex	Ext	Flex	Ext	Flex	Ext	Flex
Open												
Closed												
Mixed												
				@ MCP								
				@ PIP								

Note any further design options you require. Call our design department in Perth (08 9201 9455) for any queries



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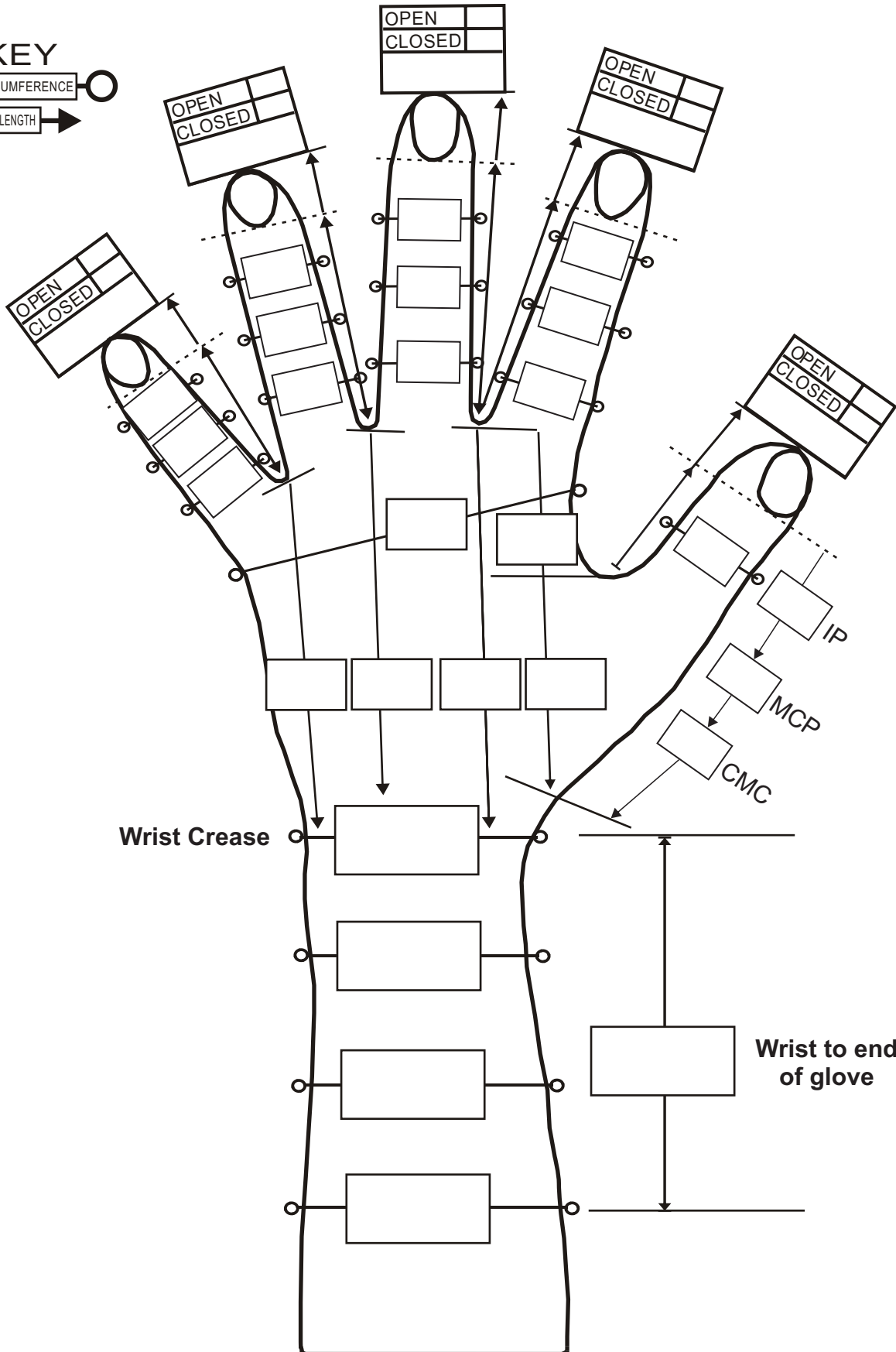
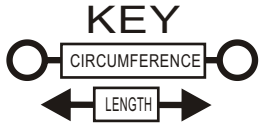
## SPLINTED GLOVE MEASUREMENT FORM - LEFT

M  F

CLIENT

SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_





# HAND TRACE FORM

Page No: \_\_\_\_\_

DATE: \_\_\_\_\_

Client: \_\_\_\_\_

M

F

Grid to Scale 1:1 19 cm x 25 cm



**Spread Fingers to  
trace Around**