



## SECOND SKIN PTY LTD 40 O'MALLEY STREET, OSBORNE PARK WA 6017

**Existing Patient** 

New Patient

P: +61 8 9201 9455 E: orders@secondskin.com.au

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

# **PATIENT DETAILS FORM**

Date:		New Order (✓)		Reorder (√)		
PATIENT: (Surname)		(Given Names)				
Date of Birth:					M 🗆	F 🗆
Patient Address:						
			Post C	Code:		
Patient Phone No: (Home)			(Work)			
HOSPITAL:			Orde	r Number:		
Hospital Address:						
	Post Code:					
Therapist Name:	Department:					
Therapist Phone No:	Pager No:					
Therapist Email						
Photo Sent (✓) YES	NO	Email		POST/COL	JRIER	

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

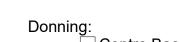
Second Skin will always endeavour to supply this order by the date you require.

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 WA 6017 ABDOMINAL	E: orders@seco		PAGE NO:
CLIENT SURNAME: G	IVEN NAME:	F 🗌 M	DATE://
Diagnosis:       Burns       Lymphoedema       Trauma         Colour:       Light       Dark       Black       (Powersoft         Garment personalisation *Please choose carefully as garm         Stitching colour:       (Circle one only)       Purple/Green/Pink/B         Trim Colour:       (Circle one only)       Pink/Yellow/Green/Purple         Motif:       (choose one only)       Motif:       Motif:	it available - Dark and Black only) ents cannot be exchanged/returned for cha lue/Yellow/White/Red/Orange e/Navy/Red/Black/White	ange of mind or incorrect choid	ce
Female Abdominal AIO open public side & H 3 4	Back Boning	hydro panty gird	le closed pubis

Female option:

Short Sleeves Sleeveless with padded shoulders Sports Bra Bra Cups Lateral Boning



Centre Back zip

Centre Front zip

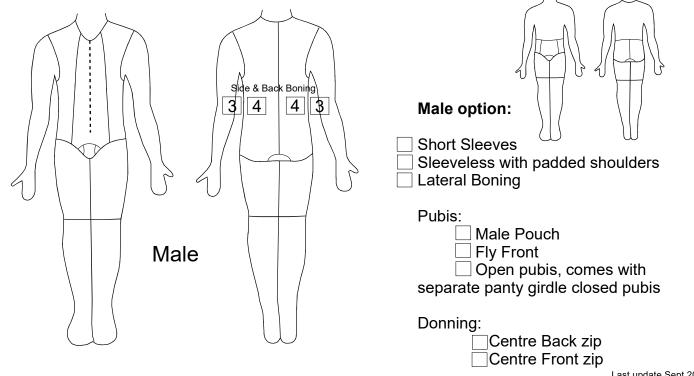
\* Note: If lateral boning required, you will need to measure boning lengths and photograph placement in sitting

Female

Larger opening at back

Low pubis opening at front

### Male Abdominal AIO with option for closed or open pubis



CREATE VALUE OF A DECEMPARY VALUE      Support     Support	SECOND SKIN PTY LTD 40 O'Malley Street		E	: orders@secondskin.com.au PAG	GE NO:	
PRESCRIPTION FORM (PAGE 1 OF 2)         CONTIDENTIAL         GIVEN NAME:         CILENT SURNAME:         Surge colspan="2">CILENT SURNAME:         Surge colspan="2">CILENT SURNAME:         Surge colspan="2">CILENT SURNAME:         Surge colspan="2">CILENT SURNAME:         Surge colspan= 2         T. Ankle         Surge colspan= 2         Surge colspantia         Surg	OSBORNE PARK WA 6017	-				
Diagnosis: Burns       Lymphoedema       Trauma       Vascular Insufficiency       Other:					JEN	IIAL
Color:         Light         Dark         Black         (Powerset available - Derk and Black only)           Color:         Light         Dark         Statching color::         Contrast of the exchanged elevaned for change of mind or incarred chace           Statching color:         Circle and only)         Purple/Green/Purple/NavyRed/Black/White           Mottf         (choose one only)         Mottf colour:         (choose one only)         L         R           Single leg         7. Ankle         Centre front vertical seam (proformed option)         -         -           Two leg         Ankle crease seam         - <t< td=""><td>CLIENT SURNAME: GIV</td><td>/EN N</td><td>AME:</td><td> F 🗌 M DATE:</td><td>_/</td><td>./</td></t<>	CLIENT SURNAME: GIV	/EN N	AME:	F 🗌 M DATE:	_/	./
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Powersoft       Big Toe Separate       Image: Shimmer         Shimmer       Foot glove       Image: Shimmer         Double hydrophobic       Stirrups       Image: Shimmer         Double hydrophobic       9. Zips - Lower Body       L       R         3. Crotch       None in legs       Image: Shimmer       Image: Shimer       Image: Shimer					L	R
Shimmer       Foot glove         Single hydrophobic       Stirrups         Double hydrophobic       9. Zips - Lower Body       L       R         3. Crotch       None in legs       Image: Consection of the system of the sys					<u> </u>	
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3. Crotch       None in legs         Open       Waist to thigh high         Closed       Full length curved into foot         Fly front       Below knee - straight medial to ankle         4. Leg Lengths       L       R         Above knee       Below knee - straight lateral to ankle         Above knee       Below knee - curved medial into foot         Ankle length       Below knee - curved lateral into foot         Including feet       10. Reinforcing       L         Fosterior knee gusset - shimmer       Powernet         Knee flexion gusset - all shimmer       Powernet         Knee flexion gusset - all shimmer       Sole         Knee flexion gusset - all single hydrophobic       Heel         Knee flexion gusset - all single hydrophobic       Dorsum of foot         Knee flexion gusset - all double hydrophobic       Dorsum of foot         Knee flexion gusset - all double hydrophobic       Dorsum of foot         (a) anterior       Lower leg - naterior         (b) posterior       Full leg - anterior         (c) circumferential       Full leg - posterior         (b) posterior       Full leg - posterior         (c) circumferential       Tuditional Options         Zip looper       Shaped abdomen         Leather assi					+	
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Closed       Full length curved into foot       Image: Closed for the second se						
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Knee flexion gusset - all double hydrophobic       Dorsum of foot         5b. Hydrophobic Lining - Knee       Lower leg - anterior         (a) anterior       Lower leg - posterior         (b) posterior       Full leg - anterior         (c) circumferential       Full leg - posterior         6. Dressing Assist       11. Additional Options         Zip tab       Colostomy site with hole and zip access         Zip looper       Shaped abdomen         Leather assist       Pregnancy panel	Knee flexion gusset - powersoft anterior			Sole leather		
5b. Hydrophobic Lining - Knee       Lower leg - anterior         (a) anterior       Lower leg - posterior         (b) posterior       Full leg - anterior         (c) circumferential       Full leg - posterior         6. Dressing Assist       11. Additional Options         Zip tab       Colostomy site with hole and zip access         Zip looper       Shaped abdomen         Leather assist       Pregnancy panel	Knee flexion gusset - all single hydrophobic			Heel		
(a) anterior       Lower leg - posterior       Image: constraint of the second	Knee flexion gusset - all double hydrophobic			Dorsum of foot		
(b) posterior       Full leg - anterior         (c) circumferential       Full leg - posterior         6. Dressing Assist       11. Additional Options         Zip tab       Colostomy site with hole and zip access         Zip looper       Shaped abdomen         Leather assist       Pregnancy panel				Lower leg - anterior		
(c) circumferential       Full leg - posterior         6. Dressing Assist       11. Additional Options         Zip tab       Colostomy site with hole and zip access         Zip looper       Shaped abdomen         Leather assist       Pregnancy panel					<u> </u>	
6. Dressing Assist     11. Additional Options       Zip tab     Colostomy site with hole and zip access       Zip looper     Shaped abdomen       Leather assist     Pregnancy panel					_	
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Zip looper     Shaped abdomen       Leather assist     Pregnancy panel						
Leather assist Pregnancy panel				* *	_	
				· · · · · · · · · · · · · · · · · · ·		
				Soft braces with velcro closure	+	

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



SECOND SKIN PTY LTD 40 O'Malley Street OSBORNE PARK WA 6017

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

E: orders@secondskin.com.au

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

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#### **ABDOMINAL SUPPORT PRESCRIPTION FORM (PAGE 2 OF 2)**

\_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ 🗌 F 🗌 M DATE: \_\_\_\_/\_\_\_

1.	Upper Body Style	L	R	5. Shoulder/Upper Trunk		
	With sleeves			Splinting for postural correction		
	Without sleeves			Please send photos		
	Stove pipe collar					
	Bra cups			6. Hydrophobic Lining		
	Princess line			(a) Neckline		
	Sports Bra			(b) Stove pipe collar		
	Athletic top			(c) Armholes on sleeveless garment		
2.	Sleeve Length	L	R	(d) Other - please specify below		
	Short to elbow				ł	
	Long to wrist			7a. Zips Upper Body		
	None			Front		
				Back		
3.	Axilla Gussets	L	R	Centre		
	Standard (½ shimmer and ½ hydrophobic)			Offset to (L)		
	All shimmer			Offset to (R)		
	All single hydrophobic			7b. Zips in Sleeves	L	R
	All double hydrophobic			None in arms		
	Hydrophobic lining	1	1	Full length arm - neckline to wrist		
4a.	Elbow	L	R	Upperarm - neckline to above elbow		
	Flexion gusset			Shoulder point to wrist		
	(a) All shimmer			7c. Forearm - Radial		
	(b) Shimmer ant & powernet post			Ulnar		
	(c) Shimmer ant & powersoft post NEW!!			Mid dorsal		
	(d) Single hydrophobic					-
	(e) Double hydrophobic			8. Dressing Assist	L	R
4b.	. Hydrophobic Lining			Zip tab		1
	(a) Anterior elbow			Zip loopers		
	(b) Circumferential elbow			Leather Assist		

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



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## VEST MEAUREMENT FORM

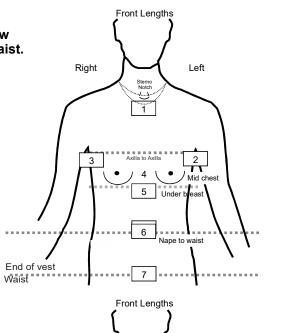


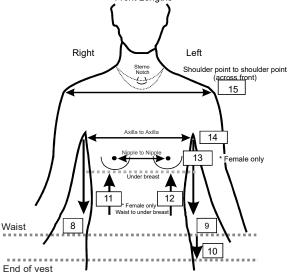
CLIENT SURNAME: .

# FRONT VEST LENGTH MEASUREMENTS

- . All front longth maggingments are taken from Starne watch
- All front length measurements are taken from Sterno notch hollow
  at base of neck (nape), at centre front going down towards the waist.
- Arms should be placed at rest by side of body.

1.	Nape Drop - determines depth of neckline
2.	Nape to Axilla level - left
3.	Nape to Axilla level - right
4.	Nape to Mid Chest.
5.	Nape to Under Breast - bra underwire level
6.	Nape to Waist.
7.	Nape to End of Vest - determines vest length
8.	Right Side - underarm to waist
9.	Left Side - underarm to waist
10.	Underarm to end of garment
11.	Right Side - waist up to under breast
12.	Left Side - waist up to under breast
13.	Nipple to Nipple
14.	Armhole Crease to Armhole Crease Across Chest
15.	Shoulder point to Shoulder point

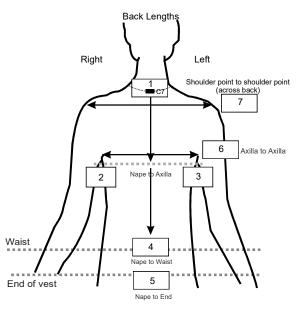




#### **BACK VEST LENGTH MEASUREMENTS**

All back length measurements are taken from C7 at centre
back (nape) going down towards the waist.

1.	Nape Drop - determines depth of neckline
2.	Nape to Axilla - left
3.	Nape to Axilla - right
4.	Nape to Waist
5.	Nape to End of Vest - determines vest length
6.	Armhole to Armhole Across Back
7.	Shoulder point to Shoulder point

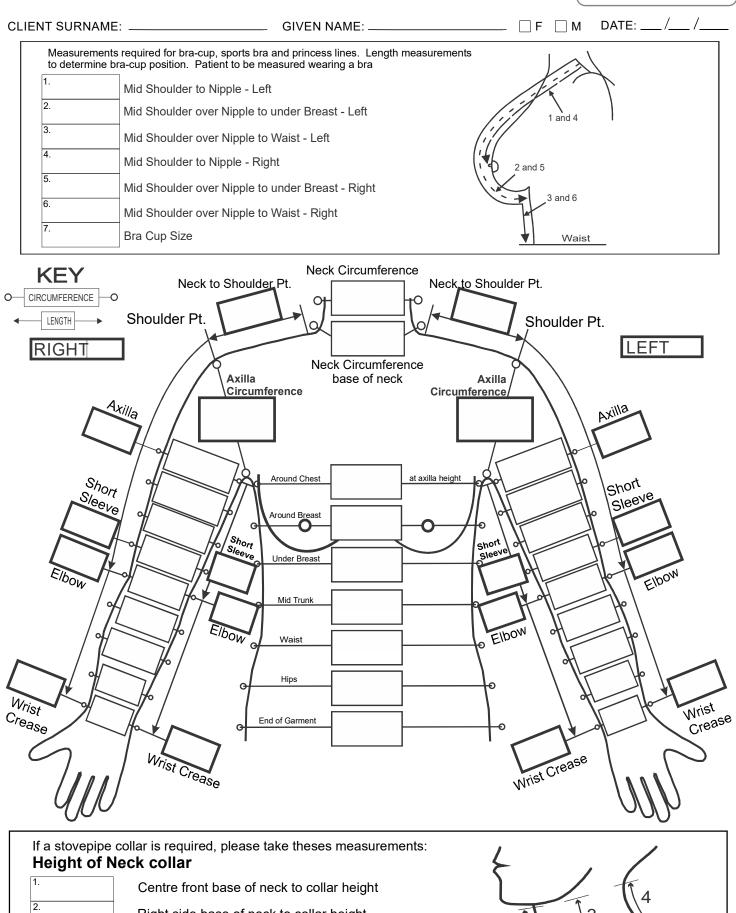




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### FEMALE VEST MEASUREMENT FORM



 Right side base of neck to collar height

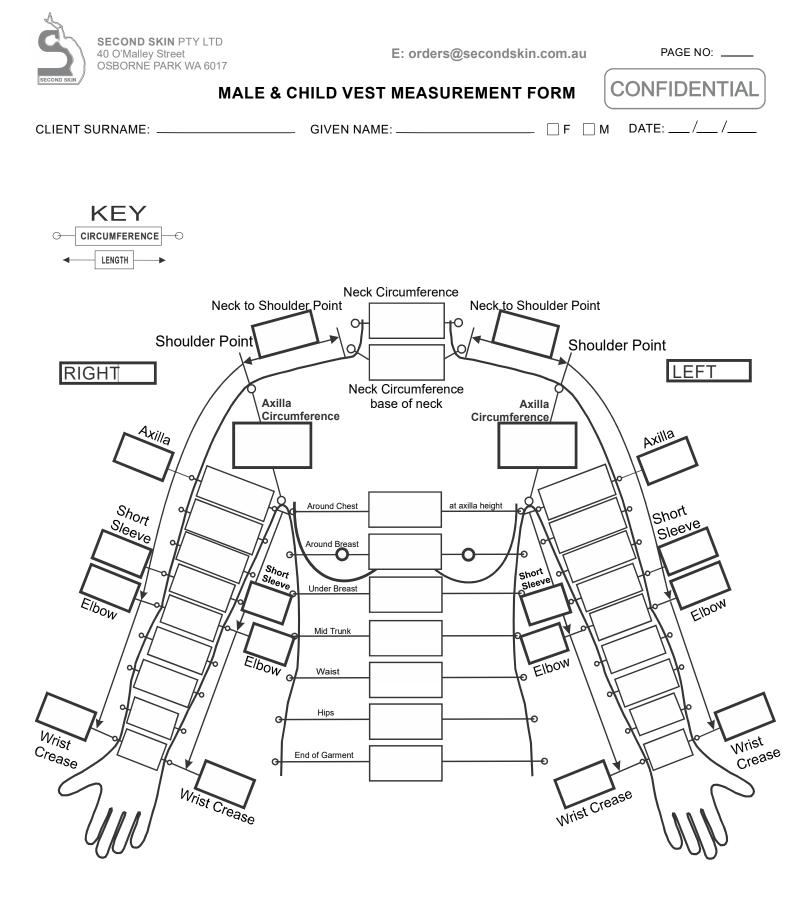
 Left side base of neck to collar height

3.

4.

Centre back base of neck to collar height

2 \3



lf a stovepipe <b>Height of N</b>	collar is required, please take theses measurements: leck collar	£ ,/
1.	Centre front base of neck to collar height	
2.	Right side base of neck to collar height	1 2 3
3.	Left side base of neck to collar height	
4.	Centre back base of neck to collar height	





## SECOND SKIN PTY LTD 40 O'MALLEY STREET, OSBORNE PARK WA 6017

**Existing Patient** 

New Patient

P: +61 8 9201 9455 E: orders@secondskin.com.au

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

# **PATIENT DETAILS FORM**

Date:		New Order (✓)		Reorder (√)		
PATIENT: (Surname)		(Given Names)				
Date of Birth:					M 🗆	F□
Patient Address:						
			Post C	Code:		
Patient Phone No: (Home)			(Work)			
HOSPITAL:			Orde	r Number:		
Hospital Address:						
	Post Code:					
Therapist Name:	Department:					
Therapist Phone No:	Pager No:					
Therapist Email						
Photo Sent (✓) YES	NO	Email		POST/COL	JRIER	

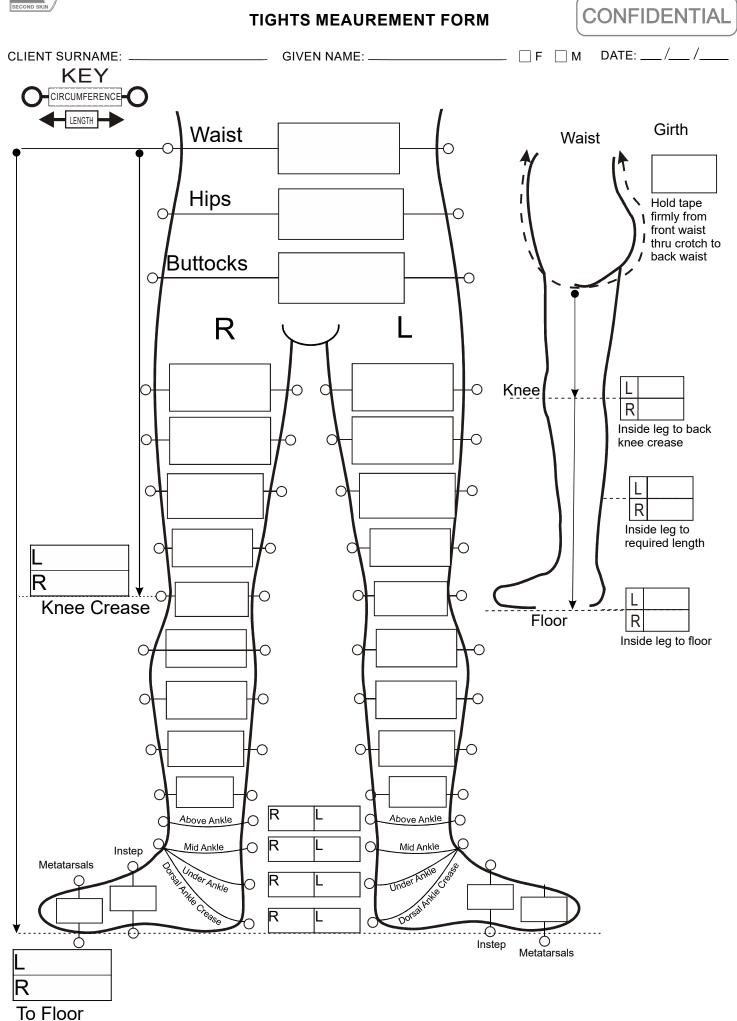
GARMENT/GARMENTS REQUIRED:	
SEND ACCOUNT TO: (Include Claim/Reference Number)	
SEND GARMENT TO: Therapist - address as above ( </td <td>Patient - address as above (✓)</td>	Patient - address as above (✓)
DATE REQUIRED BY:	

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.



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### FOOT TRACE FORM

CONFIDENTIAL

CLIENT SURNAME:	GIVEN NAME:	F MATE: / /
	LEFT RIGHT	
1 X 25 cm		
Scale 1:1 19 cm x		
Grid to S		
Important: Measure length of clients sole of trace from tip of big toe to tip of	For big toe circumferent heel.     For a Foot circumferent Circumferent at the midor Length mean web space	<u>Measuring Tips</u> separate, measure big toe nce and length. Glove measure all toe nces and lengths nce measurements are taken lle of toe. asurements are taken from to tip of toe on the side of indicated with length arrow.