

# 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:	<b>M</b> <input type="checkbox"/> <b>F</b> <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.



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## AMPUTEE LOWER LIMB PRESCRIPTION FORM

CLIENT

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

M

F

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

**Colour:** Light  Dark  Black

**Diagnosis:** Burns  Lymphoedema

Powersoft available Dark and Black only

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	7. Ankle	L	R
Single leg	Centre front vertical seam (preferred option)		
Two leg	Ankle crease seam		
One and a half leg	Dorsal ankle gusset:		
Stump support	- Shimmer		
Panty girdle	- Powernet		
Flap tight	- Powersoft		
Hernia support	- Single hydrophobic		
Scrotal support	- Double hydrophobic		
All in one (see all in one form)	- Hydrophobic lining		
2. Fabric	8. Toes	L	R
Powernet	Closed		
Powersoft Shimmer	Japanese toe		
Single hydrophobic	Foot glove		
Double hydrophobic	Stirrups		
3. Crotch	9. Zips - Lower Body	L	R
Open	None in legs		
Closed	Waist to thigh high		
Fly front	Full length curved into foot		
4. Leg Lengths	Below knee - straight medial to ankle		
	Below knee - straight lateral to ankle		
	Below knee - curved medial into foot		
	Below knee - curved lateral into foot		
	10. Reinforcing	L	R
	Shimmer		
	Powernet		
	Powersoft		
	Sole		
	Sole leather		
	Heel		
	Dorsum of foot		
	Lower leg - anterior		
	Lower leg - posterior		
	Full leg - anterior		
	Full leg - posterior		
5a. Knee Gusset	11. Additional Options		
	Colostomy site with hole and zip access		
	Shaped abdomen		
	Pregnancy panel		
	Soft braces with velcro closure		
5b. Hydrophobic Lining - Knee			
(a) anterior			
(b) posterior			
(c) circumferential			
6. Dressing Assist			
Zip tab			
Zip looper			
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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# AMPUTEE LOWER LIMB FORM

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

M  
 F DATE: \_\_\_/\_\_\_/\_\_\_

Colour: Light  Dark  Black

Diagnosis: Burns  Lymphoedema

Powersoft available Dark and Black only

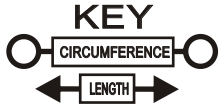
Trauma  Vascular Insufficiency

My Second Skin range-feature colour

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

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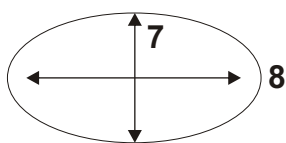
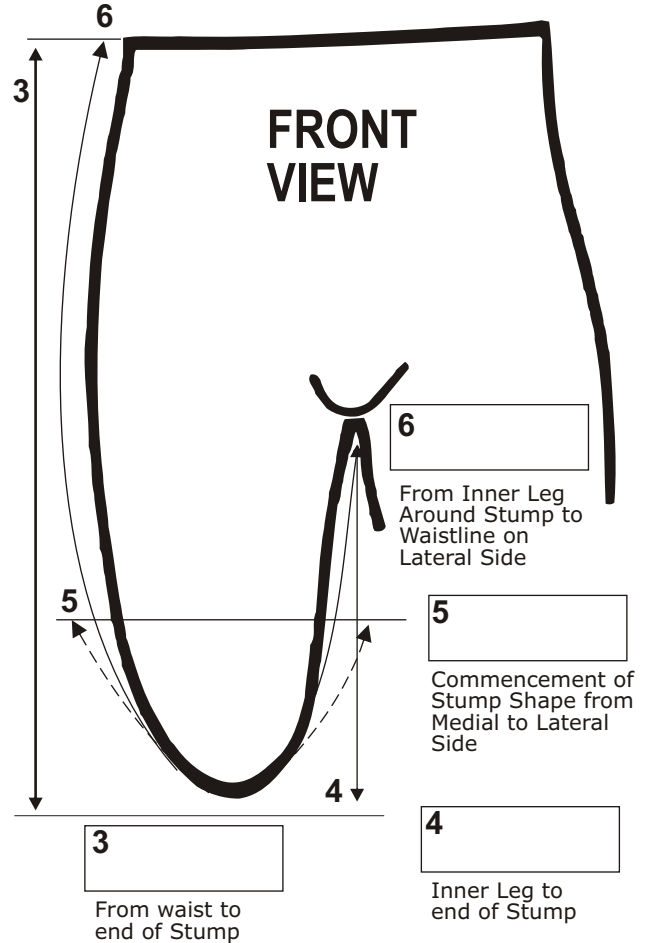
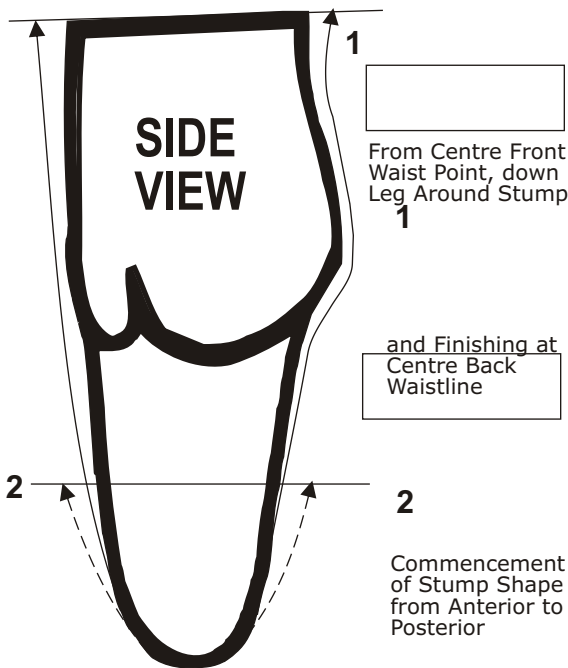


## DESIGN OPTIONS

WAIST HEIGHT, one stump (L. Or R.)

STUMP SUPPORT (below knee)

STUMP SUPPORT (above knee)



Cross Section of Stump Width & Length

7

8

## Recommendations, Zipper Locations and Special Requirements


# TIGHTS MEASUREMENT FORM

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

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## KEY



**Waist**

**Hips**

**Buttocks**

**R** **L**

**Waist**  **Girth**

Hold tape firmly from front waist thru crotch to back waist

**Knee**

L	<input type="text"/>
R	<input type="text"/>

 Inside leg to back knee crease

L	<input type="text"/>
R	<input type="text"/>

 Inside leg to required length

**Floor**

L	<input type="text"/>
R	<input type="text"/>

 Inside leg to floor

**Knee Crease**

L	<input type="text"/>
R	<input type="text"/>

**Above Ankle**

R	<input type="text"/>
L	<input type="text"/>

**Above Ankle**

R	<input type="text"/>
L	<input type="text"/>

**Mid Ankle**

R	<input type="text"/>
L	<input type="text"/>

**Mid Ankle**

R	<input type="text"/>
L	<input type="text"/>

**Under Ankle**

R	<input type="text"/>
L	<input type="text"/>

**Under Ankle**

R	<input type="text"/>
L	<input type="text"/>

**Dorsal Ankle Crease**

R	<input type="text"/>
L	<input type="text"/>

**Dorsal Ankle Crease**

R	<input type="text"/>
L	<input type="text"/>

**Instep**  **Instep**

**Metatarsals**  **Metatarsals**

**To Floor**

L	<input type="text"/>
R	<input type="text"/>