

CONFIDENTIAL

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# SECOND SKIN PTY LTD

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

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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.



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## SOCK 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	6. Ankle	L	R
Knee high Sock			Centre front vertical seam (preferred option)		
Ankle High			Ankle crease seam		
<b>with</b> Closed Toe			Dorsal Ankle Gusset:		
Japanese Toe			- Shimmer		
Foot Glove			- Powersoft		
Open Toes			- Single Hydrophobic		
<b>2a. Fabric</b>	<b>L</b>	<b>R</b>	- Double Hydrophobic		
Powersoft			- Hydrophobic lining		
Shimmer					
Single Hydrophobic			<b>7. Reinforcing</b>	<b>L</b>	<b>R</b>
Double Hydrophobic			Powersoft		
<b>2b. Fabric - Foot Splinting requires 2 x layers of fabric</b>			Shimmer		
Shimmer/hydrophobic			Sole		
Double hydrophobic			Leather sole		
<b>3. Zips</b>	<b>L</b>	<b>R</b>	Heel		
None			Dorsum of foot		
Posterior straight medial to ankle			Anterior lower leg		
Posterior straight lateral to ankle			Posterior lower leg		
Curved medial side into foot			Medial stability		
Curved lateral side into foot			Lateral stability		
<b>4. Dressing Assist</b>					
Zip tabs					
Zip loopers			<b>8. Foot Splinting - Requires 2 x layers of fabric</b>	<b>L</b>	<b>R</b>
Leather assist			Toe Extension		
<b>5. Length of Zip</b>	<b>L</b>	<b>R</b>	Big toe abduction		
Full length from top of sock			Lengthen instep		
Mid calf - from mid calf					

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

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### SOCK MEASUREMENT FORM

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

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

Colour: Light  Dark  Black

Powersoft available Dark and Black only

Diagnosis: Burns  Lymphoedema

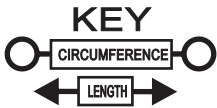
Trauma  Vascular Insufficiency

My Second Skin range-feature colour

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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



**LEFT**

**RIGHT**

Mid Patella

Knee Crease

CIRCUMFERENCES

Floor to top of sock

For shapely legs please provide additional lengths from floor to top of sock on:

Lateral side

Posterior side

LENGTH-MEDIAL

If Knee High, measure the top of sock as high as possible finishing below knee crease on medial side.

Floor to End If Ankle High

Above Ankle

Mid Ankle

Instep

Metatarsals

Dorsal Ankle Crease

Under Ankle

Floor

