

**CONFIDENTIAL**

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



# SECOND SKIN PTY LTD

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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	NO	Email
		POST/COURIER

<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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## GLOVE/MCP/GAUNTLET 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. Finger Tips	L	R
Glove - includes fingers			Open		
MCP Gauntlet - web spacers			Closed		
Gauntlet - ends at MCP			Mixed		
2. Fabric	L	R	7. Leather Reinforcing	L	R
Powernet			Palm		
Powersoft			Thumb		
Shimmer			Fingers		
Single hydrophobic			Forearm		
Double hydrophobic			No leather at base of fingers		
3. Zips	L	R	8. Thumb Position	L	R
None			Standard - in neutral position		
Ulnar			Rotated for opposition to index finger		
Radial			De-rotation - stretched away from palm		
Mid dorsal			9. Thumb Splinting - Available on Standard or De-rotated thumb <small>(Thumb will automatically have hydrophobic lining)</small>	L	R
Dual					
4. Dressing Assist	L	R	Abduct from the CMC		
Zip tab			MCP thumb extension		
Zip looper					
Leather assist			10. Wrist Gusset	L	R
5. Finger Gussets	L	R	Dorsal		
Standard			Circumferential		
Slant inserts			11. Transverse Arch Flattening	L	R
Finger web spacers - for MCP Gauntlet only					

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



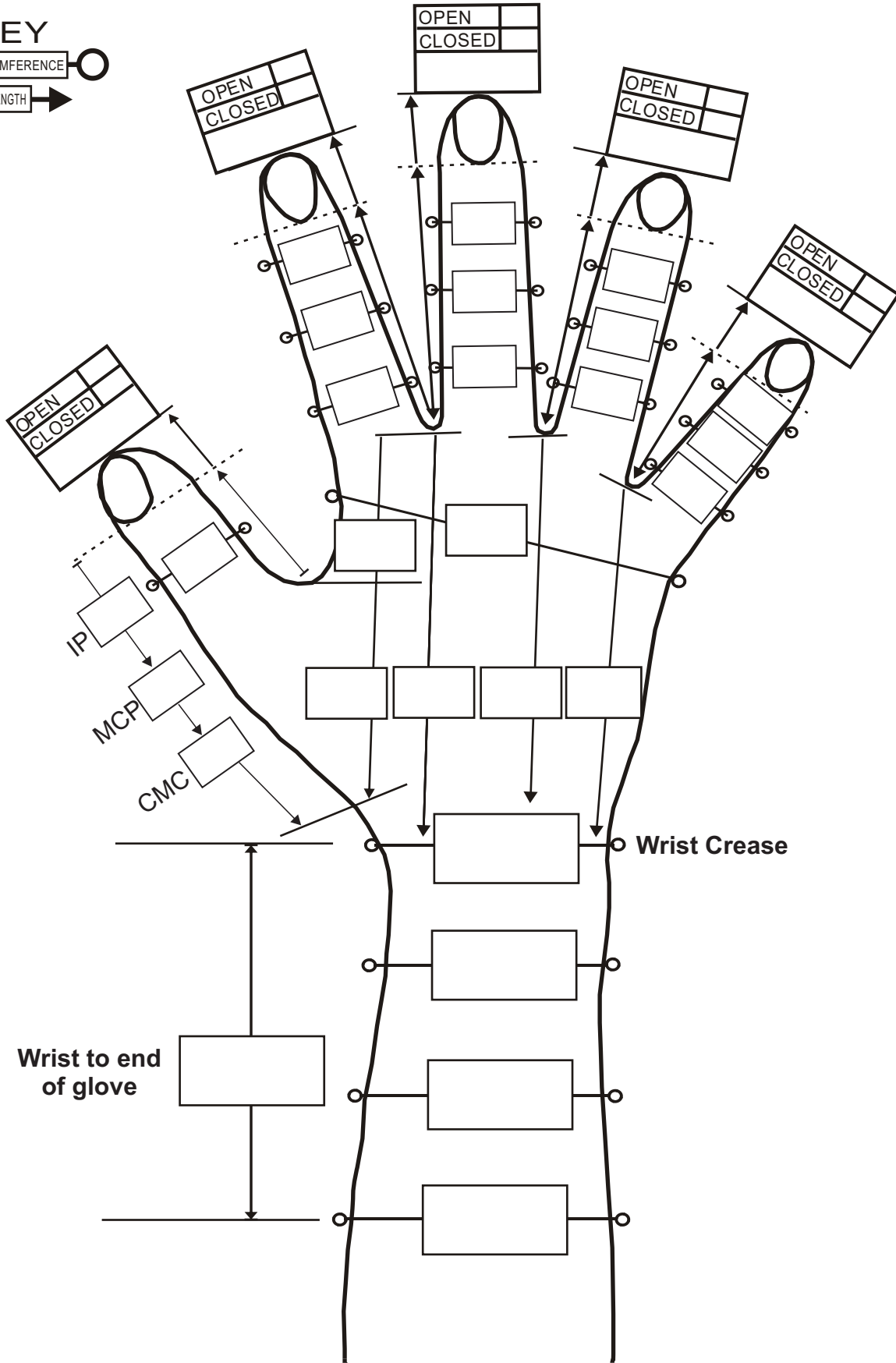
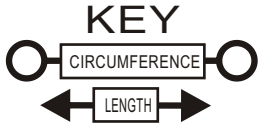
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# GLOVE/MCP/GAUNTLET MEASUREMENT FORM - RIGHT

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

Grid area for hand tracing, consisting of a 19 cm x 25 cm grid.



Spread Fingers to trace Around

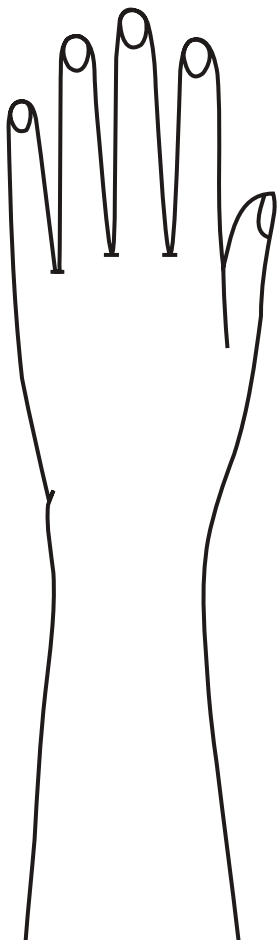


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## GLOVE/MCP/GAUNTLET ASSESSMENT FORM

CLIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_  M  F DATE: \_\_\_/\_\_\_/\_\_\_

### Hand Assessment Form



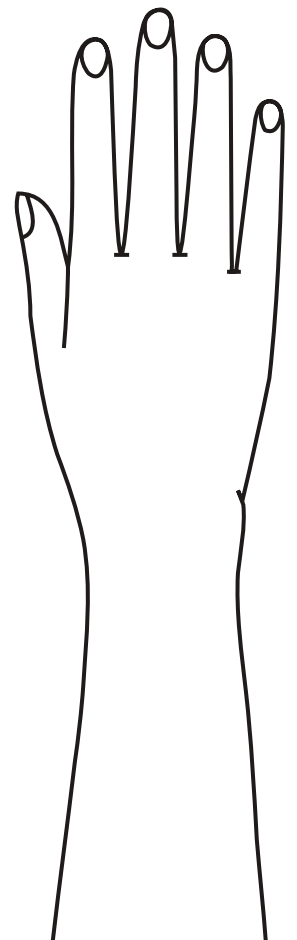
Left Dorsal



Left Palmar



Right Palmar



Right Dorsal

Indicate area of injury and clinical details below:

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