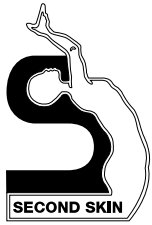


CONFIDENTIAL

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



# SECOND SKIN PTY LTD

15/386 SCARBOROUGH BEACH RD, 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.



**CONFIDENTIAL**

**HEAD/FACE 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



<b>1. Style</b>		<b>3. Zips</b>	
Chinstrap		Posterior left	
Full crown cap chinstrap		Posterior right	
High collar chinstrap		Dual	
Open face mask			
Closed face mask			
		<b>4. Additional Lining if required</b>	
		Fully hydrophobic lined	
<b>2. Fabric</b>			
Powernet			
Powersoft			
Shimmer			
Single Hydrophobic		With any facial anomalies a photograph is required	
Double Hydrophobic		and used with strict confidentiality	
		<b>Photo Sent: Please tick</b>	

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

**Please mark earholes at time of fitting**  
**All ear holes have hydrophobic lining**  
**All closed face masks have hydrophobic lining over eyes nose and mouth**



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

E: [orders@secondskin.com.au](mailto:orders@secondskin.com.au)

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## HEAD/FACE PRESCRIPTION FORM

**CONFIDENTIAL**

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

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

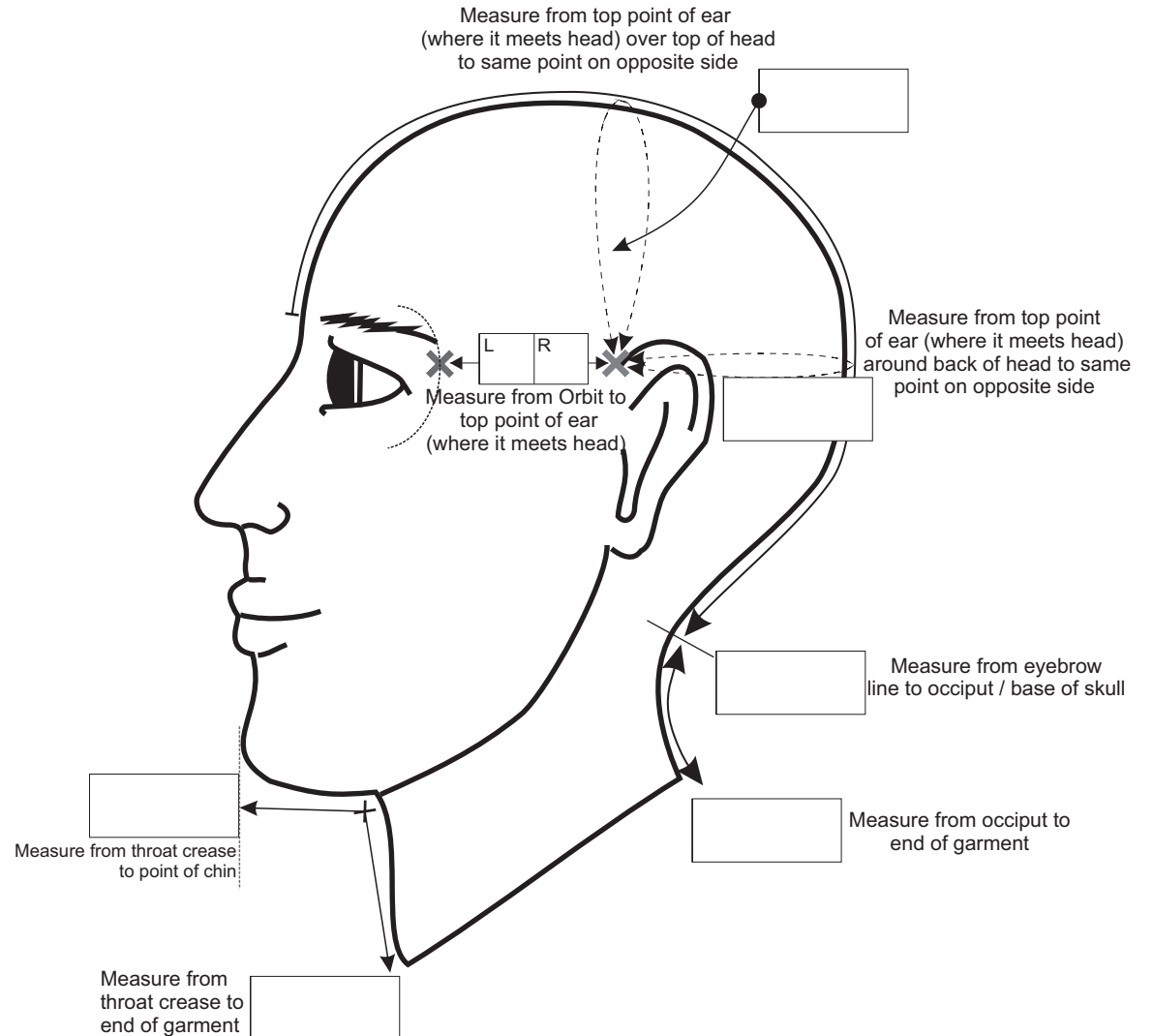
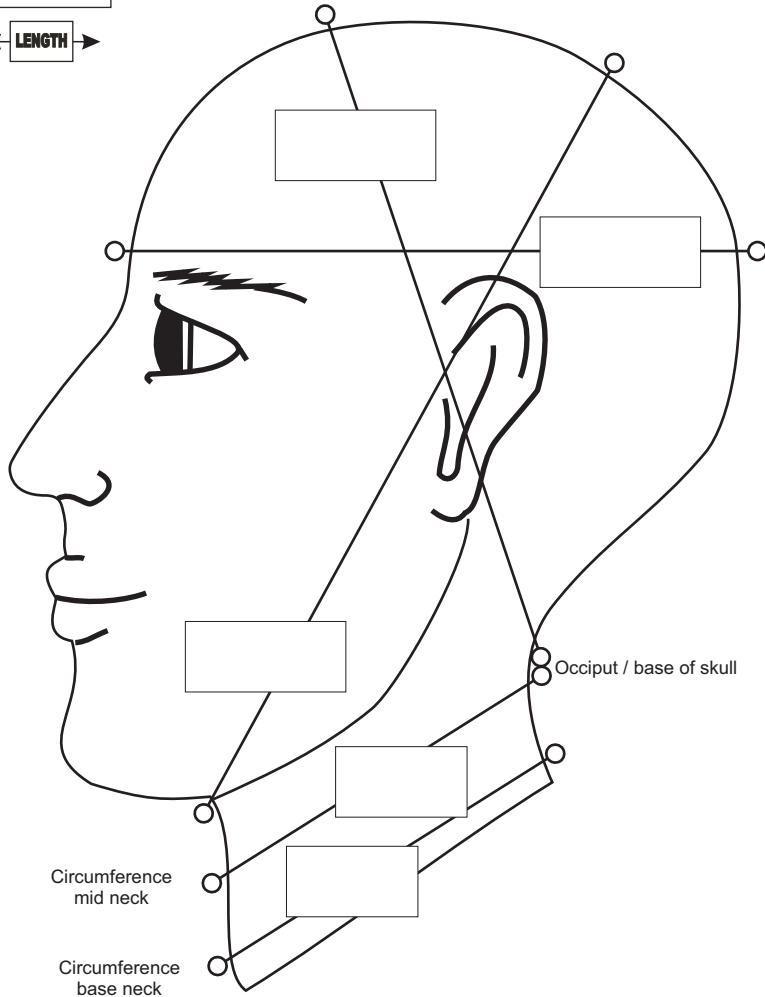
M  
 F

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

### KEY



### CIRCUMFERENCES





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

E: [orders@secondskin.com.au](mailto:orders@secondskin.com.au)

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

## HEAD/FACE PRESCRIPTION FORM

**CONFIDENTIAL**

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

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

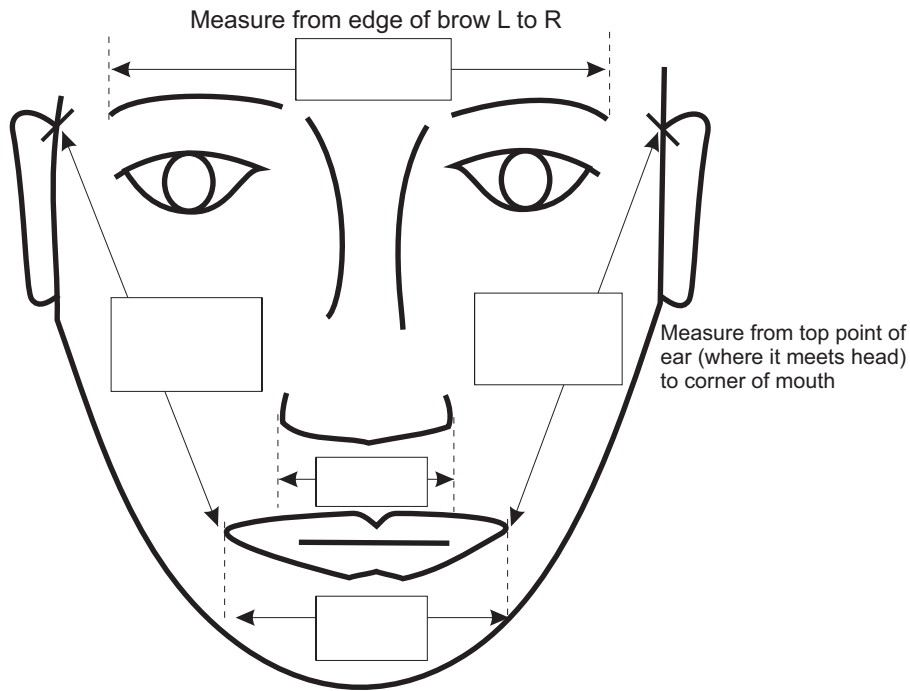
M  
 F

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

### KEY



### WIDTHS



### LENGTHS

Measure from level of pupil down to nose base, to centre of lips and to point of chin in a running total

