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SECOND SKIN PTY LTD

40 O'MALLEY STREET, OSBORNE PARK WA 6017

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

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

Existing Patient

New Patient

PATIENT DETAILS FORM

Date:	New Order (✓)	Reorder (✓)	
PATIENT: (Surname)		(Given Names)	
Date of Birth:		M <input type="checkbox"/>	F <input type="checkbox"/>
Patient Address:		Post Code:	
Patient Phone No: (Home)		(Work)	
HOSPITAL:		Order Number:	
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"/>

GARMENT/GARMENTS REQUIRED:	
SEND ACCOUNT TO: (Include Claim/Reference Number)	
SEND GARMENT TO: Therapist - address as above (✓)	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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TIGHTS 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		Japanese toe			
Shimmer		Foot glove			
Single hydrophobic		Stirrups			
Double hydrophobic		9. Zips - Lower Body		L	R
		None in legs			
		Waist to thigh high			
		Full length curved into foot			
		Below knee - straight medial to ankle			
	L R	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	R
5a. Knee Gusset		L	R		
Posterior knee gusset - shimmer					
Knee flexion gusset - all shimmer					
Knee flexion gusset - powernet anterior					
Knee flexion gusset - powersoft anterior					
Knee flexion gusset - all single hydrophobic					
Knee flexion gusset - all double hydrophobic					
5b. Hydrophobic Lining - Knee					
(a) anterior					
(b) posterior					
(c) circumferential					
6. Dressing Assist		11. Additional Options			
Zip tab		Colostomy site with hole and zip access			
Zip looper		Shaped abdomen			
Leather assist		Pregnancy panel			
		Soft braces with velcro closure			

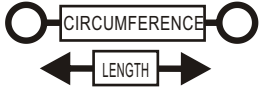
Note any further design options you require. Call our design department in Perth (08 9201 9455) for any queries

TIGHTS MEASUREMENT FORM

Client: _____

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KEY



Waist

Hips

Buttocks

R **L**

Waist

Girth

Hold tape firmly from front waist through 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"/>
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Mid 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"/>
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Instep

Metatarsals

To Floor

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

