

CONFIDENTIAL

PAGE NO: _____



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.



GLOVE/MCP/GAUNTLET PRESCRIPTION FORM

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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

Diagnosis: Burns Lymphoedema Trauma Vascular Insufficiency Other: _____

Colour: Light Dark Black (Powersoft available - Dark and Black only)

Garment personalisation *Please choose carefully as garments cannot be exchanged/returned for change of mind or incorrect choice

Stitching colour: (Circle one only) Purple/Green/Pink/Blue/Yellow/White/Red/Orange

Trim Colour: (Circle one only) Pink/Yellow/Green/Purple/Navy/Red/Black/White

Motif: (choose one only) _____ **Motif colour:** (choose one only) _____

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 (Thumb will automatically have hydrophobic lining)	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					

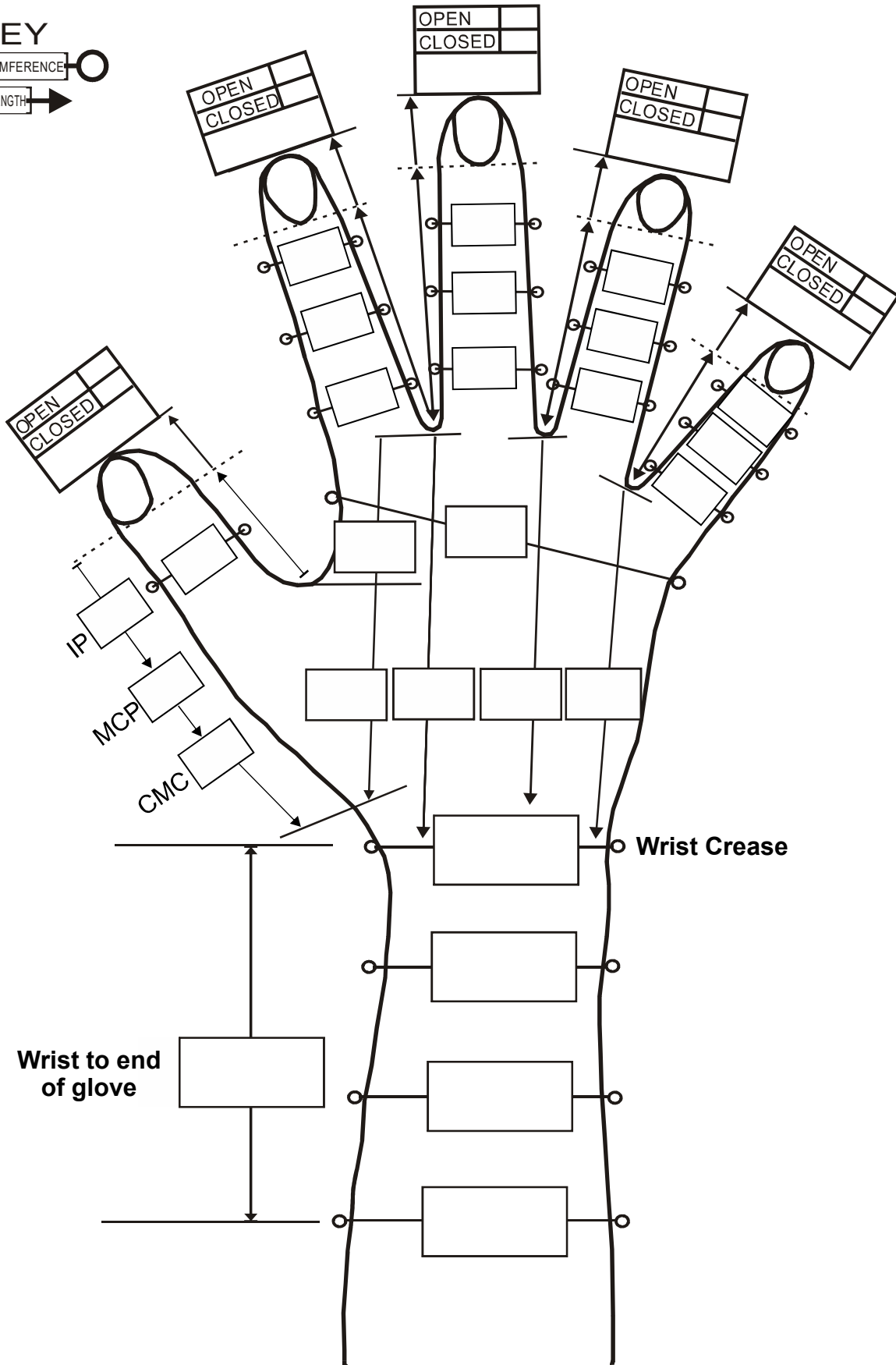
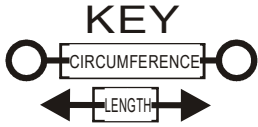
Note any further design options you require. Call our design department in Perth (08 9201 9455) for any queries



GLOVE/MCP/GAUNTLET MEASURING FORM

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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___



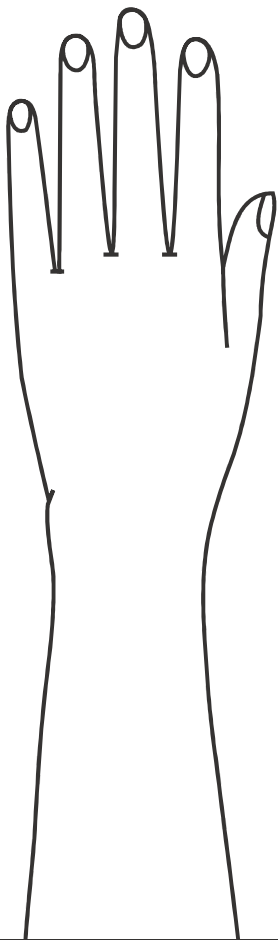


GLOVE/MCP/GAUNTLET ASSESSMENT FORM

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CLIENT SURNAME: _____ GIVEN NAME: _____ F M DATE: ___/___/___

Hand Assessment Form



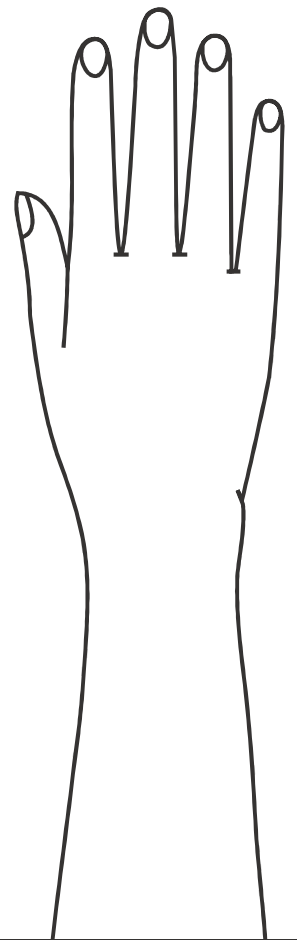
Left Dorsal



Left Palmar



Right Palmar



Right Dorsal

Indicate area of injury and clinical details below:
