



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

Existing Patient

New Patient

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

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

PATIENT DETAILS FORM

Date:		New Order (✓)		Reorder (✓)									
PATIENT: (Surname)		(Given Names											
Date of Birth:					M 🗆	F 🗆							
Patient Address:													
Post Code:													
Patient Phone No: (Home)		(Work)											
HOSPITAL:			Orde	er Number:									
Hospital Address:													
Post Code:													
Therapist Name:			Department:										
Therapist Phone No:			Page	r No:									
Therapist Email													
Photo Sent (✓) YES	NO	Email	Email POST/										

GARMENT/GARMENTS REQUIRED:	
SEND ACCOUNT TO: (Include Claim/Reference Number)	
SEND GARMENT TO: Therapist - address as above (</td <td>Patient - address as above (✓)</td>	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.

SECOND SKIN

SECOND SKIN PTY LTD 40 O'Malley Street OSBORNE PARK WA 6017

PAGE NO: _____

SPLINTED GLOVE PRESCRIPTION FORM											ONFIDENTIAL			
CLIENT SURNAME: GIVEN NAME: GIVEN NAME: F [] M DATE: Diagnosis: Burns [] Lymphoedema [] Trauma [] Vascular Insufficiency [] Other:														
Colour: Light Dark Black (Powersoft a	_		-		Outor.									
Garment personalisation *Please choose carefully as garmer				for chane	ne of min	d or inco	rrect choi	ce.						
Stitching colour: (Circle one only) Purple/Green/Pink/Blu					ge ei i	u 01	10000	00						
Trim Colour: (Circle one only) Pink/Yellow/Green/Purple/			-											
Motif: (choose one only) Mo	-			nly) _					-					
1. Style	L	R	7. Leather	Reinf	orcing					L	R			
Glove - includes fingers			Pa											
MCP Gauntlet - web spacers			Th	umb										
			Fingers - No leather at base of fingers											
2. Fabric - Splinted Glove requires 2 x layers of fabric	L	R	Forearm											
Shimmer/hydrophobic														
Double hydrophobic			8. Thumb		L	R								
			Standard - in neutral position											
3. Zips	L	R	Ro	tated fo	or oppo	sition	to index	finger						
None			De	De-rotation - extended away from palm										
Ulnar														
Radial			9. Thumb	Splinti			e on Sta otated ti			L	R			
4. Dressing Assist	L	R	Abduct from the CMC											
Zip tab			МС	CP thur	nb exte	ension								
Zip looper			Fu	Fused foam on thenar eminence										
Leather assist														
										L	R			
5. Finger Gussets	L	R	10. Wrist Ex	xtensio	on - (cor	mes with	ı dorsal w	rist guss	et)					
Standard- single hydrophobic														
Slant inserts - single hydrophobic			11. Transverse Arch Flattening								R			
						-								
6. Finger Tips	L	R												
Open			12. Finger Splinting							L	R			
Closed				Inc	dex	Mie	ddle	Ri	ng	Li	ttle			
Mixed				Ext	Flex	Ext	Flex	Ext	Flex	Ext	Flex			
			@ MCP											
			@ PIP											

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



SECOND SKIN PTY LTD 40 O'Malley Street OSBORNE PARK WA 6017 PAGE NO: _____ E: orders@secondskin.com.au CONFIDENTIAL **GLOVE/MCP/GAUNTLET MEASURING FORM** _____ F 🗌 M DATE: ____/___/_ CLIENT SURNAME: _____ GIVEN NAME: _____ OPEN CLOSED KEY CIRCUMFERENCE LENGTH G 10 MCD CMC Wrist Crease 0 С Ο Wrist to end of glove 0 O 0 Ο



PAGE NO:

HAND TRACE FORM FORM

CONFIDENTIAL

CL	CLIENT SURNAME:							GIVEN NAME:							🗌 M	DAT	E:	.//		
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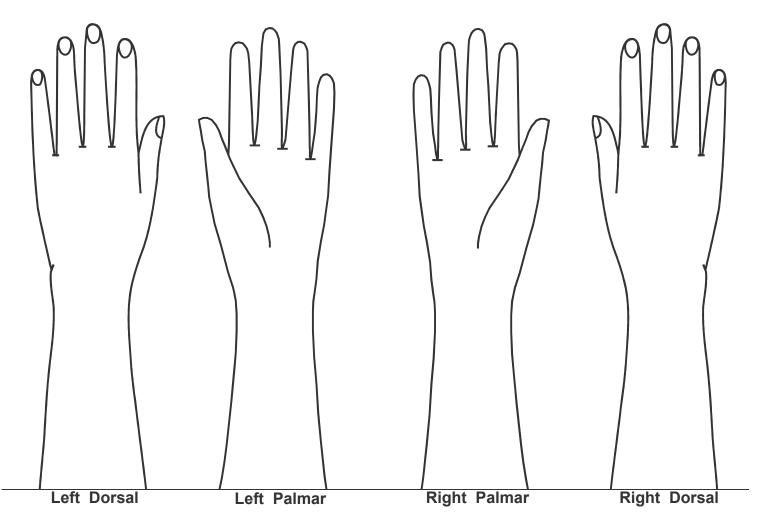
CONFIDENTIAL **GLOVE/MCP/GAUNTLET ASSESSMENT FORM**

CLIENT SURNAME: ______ GIVEN NAME: _____ F 🗌 M

DATE: ___/__/

Hand Assessment Form

GLOVE/MCP/GAUNTLET ASSESSMENT FORM



Indicate area of injury and clinical details below: