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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 N      | ames) |                          |            |  |  |  |  |  |  |
| Date of Birth:                         |               |       | M 🗆                      | F 🗆        |  |  |  |  |  |  |
| 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 NO                  | Email         |       | POST/COURIER             |            |  |  |  |  |  |  |
|  |               |       |                          |            |  |  |  |  |  |  |
| GARMENT/GARMENTS REQUIRED:             |               |       |                          |            |  |  |  |  |  |  |
|  |               |       |                          |            |  |  |  |  |  |  |
|  |               |       |                          |            |  |  |  |  |  |  |
|  |               |       |                          |            |  |  |  |  |  |  |
| SEND ACCOUNT TO: (Include Claim/Refer  | rence Number) |       |                          |            |  |  |  |  |  |  |
|  |               |       |                          |            |  |  |  |  |  |  |
| ·                                      |               |       |                          |            |  |  |  |  |  |  |
| SEND GARMENT TO: Therapist - address a | s above (✓)   | Patie | ent - address as above ( | <b>√</b> ) |  |  |  |  |  |  |
|  |               |       |                          |            |  |  |  |  |  |  |
|  |               |       |                          |            |  |  |  |  |  |  |
| 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.

| Ε: | orders | @seco | ondskin | .com.au |
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| PAGE | NO. |  |
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## **SPLINTED GLOVE PRESCRIPTION FORM**

| C        | $\cap$   | N    | F | ı |               | F | N    | IT | 14  | ۱L |
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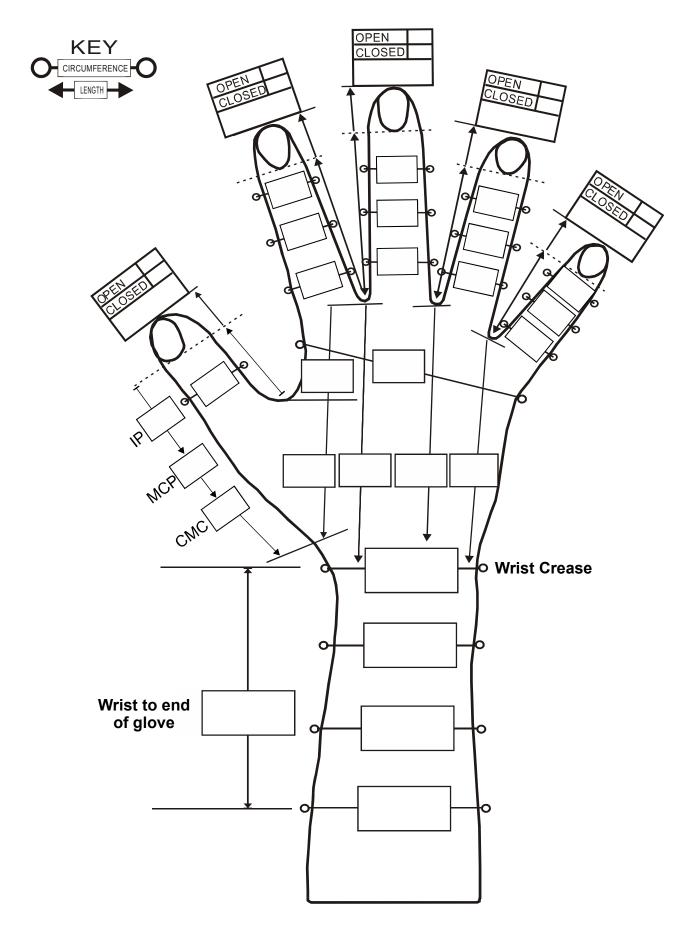
| CLIENT SURNAME: GI\  | √EN N     | AME:      |                      |            |                   | □ F       |            | DA         | TE:  | _/  | /  |
|--|-----------|-----------|----------------------|------------|-------------------|-----------|------------|------------|------|-----|--|
| Diagnosis: Burns ☐ Lymphoedema ☐ Trauma [                    | □ V       | /ascula   | ar Insufficiency     | ' <u> </u> | Other:            |           |            |            |      |     |  |
| Colour: Light ☐ Dark ☐ Black ☐ (Powersoft a                  | ıvailable | - Dark a  | and Black only)      |            |                   |           |            |            |      |     |  |
| Garment personalisation *Please choose carefully as garmen   | nts canno | ot be exc | changed/returned f   | for chang  | ge of mind        | d or inco | rrect choi | се         |      |     |  |
| Stitching colour: (Circle one only) Purple/Green/Pink/Blu    | e/Yellc   | w/Wh      | ite/Red/Orange       | е          |                   |           |            |            |      |     |  |
| Trim Colour: (Circle one only) Pink/Yellow/Green/Purple/I    | Navy/F    | Red/Bl    | ack/White            |            |                   |           |            |            |      |     |  |
| Motif: (choose one only) Mo                                  | otif co   | lour: (   | (choose one or       | nly) _     |                   |           |            |            | -    |     |  |
| 1. Style   | L         | R         | 7. Leather           | Reinfo     | orcing            |           |            |            |      | L   | R  |
| Glove - includes fingers                                     |           |           | Pal                  |            |                   |           |            |            |      |     | <del>                                     </del> |
| MCP Gauntlet - web spacers                                   |           |           |                      | umb        |                   |           |            |            |      |     |  |
| ,  |           |           | Fin                  | aers -     | No leat           | her at    | base of    | finger     | s    |     | +  |
| 2. Fabric - Splinted Glove requires 2 x layers of fabric     | L         | R         |                      | earm       |                   | ••-       |            | 3          |      |     |  |
| Shimmer/hydrophobic  |           |           |                      |            |                   |           |            |            |      |     |  |
| Double hydrophobic   |           |           | 8. Thumb             | Positio    | on                |           |            |            |      | L   | R  |
|  |           |           | Sta                  | ndard      | - in neu          | utral po  | sition     |            |      |     |  |
| 3. Zips  | L         | R         | Rot                  | tated fo   | or oppo           | sition t  | o index    | finger     |      |     |  |
| None   |           |           | De-                  | rotatio    | n - exte          | ended a   | away fr    | om pal     | lm   |     |  |
| Ulnar  |           |           |                      |            |                   |           |            |            |      |     |  |
| Radial   |           |           | 9. Thumb             | Splinti    | na - Av           | /ailable  | on Sta     | ndard      |      |     |  |
|  |           |           |                      |            |                   |           | tated th   |            |      | L   | R  |
| 4. Dressing Assist   | L         | R         | Abo                  | duct fro   | m the             | СМС       |            |            |      |     |  |
| Zip tab  |           |           | МС                   | P thur     | nb exte           | nsion     |            |            |      |     |  |
| Zip looper   |           |           | Fus                  | sed foa    | m on th           | nenar e   | eminen     | се         |      |     |  |
| Leather assist   |           |           |                      |            |                   |           |            |            |      |     |  |
|  |           |           | 10. Wrist Ex         | toneir     | - (cor            | with      | doreal w   | -iot aliee | ~+\  | L   | R  |
| 5. Finger Gussets  | L         | R         | TU. WITISTEA         | (lensi     | )II <b>-</b> (661 | nes wiui  | QUISai wi  | TSI Yusa   | ei)  |     |  |
| Standard- single hydrophobic                                 |           |           |                      |            |                   |           |            |            |      |     |  |
| Slant inserts - single hydrophobic                           |           |           | 11. Transve          | rea Ar     | ch Flat           | toning    |            |            |      | L   | R  |
|  |           |           | II. IIansto          | 196 71     | CIIIIa            | leinig    |            |            |      |     |  |
| 6. Finger Tips   | L         | R         |                      |            |                   |           |            |            |      |     |  |
| Open   |           |           | 12. Finger S         | Splinti    | ng                |           |            |            |      | L   | R  |
| Closed   |           |           |                      | Inc        | dex               | Mic       | ldle       | Ri         | ng   | Lif | ttle   |
| Mixed  |           |           |                      | Ext        | Flex              | Ext       | Flex       | Ext        | Flex | Ext | Flex   |
|  |           |           | @ MCP                |            |                   |           |            |            |      |     |  |
|  |           |           | @ PIP                |            |                   |           |            |            |      |     |  |
|  |           |           |                      |            |                   |           |            |            |      |     |  |
| Note any further design options you require. Call our design | n denai   | rtment    | in Darth (08 920)    | 1 9455)    | for any           | queries   |            |            |      |     |  |
| Note ally further design options you require. Oan our design |           | linent    | III F 61 III (00 320 | 1 3400)    | IOI ally          | quenea    | •          |            |      |     |  |
|  |           |           |                      |            |                   |           |            |            |      |     |  |
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| PAGE | NO. |  |
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#### **GLOVE/MCP/GAUNTLET MEASURING FORM**

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| CONFIDENTIAL |   |   |





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| PAGE | NO. |  |
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### HAND TRACE FORM FORM

CONFIDENTIAL

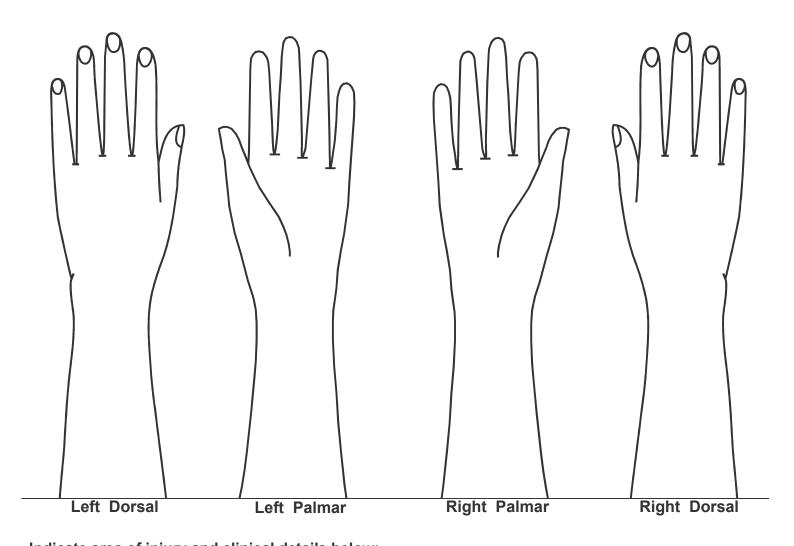
| CLIF     | NT S | SURNA         | AMF: _     |     |   |              |       | GIVEN    | NAME |  |  | □F | DAT  | E: | // |  |
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| Scale    |      |               |            |     |   |              |       |          |      |  |  |    |      |    |    |  |
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### **GLOVE/MCP/GAUNTLET ASSESSMENT FORM**

| CO | NF | IDE | NT | AL |
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|                 |             |         | , ,       |
|-----------------|-------------|---------|-----------|
| CLIENT SURNAME: | GIVEN NAME: | □ F □ M | DATE: / / |

## **Hand Assessment Form**



Indicate area of injury and clinical details below: