



# 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.



## AMPUTEE UPPER LIMB ARM SLEEVE & TAILORED ARM SLEEVE 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

1. Style		L	R	4. Elbow Gusset		L	R	
Arm Sleeve (stump end to axilla)				Flexion Gusset				
Tailored Arm Sleeve	Style 1			(a) All Shimmer				
	Style 2			(b) Shimmer ant & Powernet post				
	Style 3			(c) Shimmer ant & post Powersoft				
	Style 4	Version 1 Under Axilla			(d) Single Hydrophobic			
		Version 2 Under Breast			(e) Double Hydrophobic			
With	Attached Gauntlet			Hydrophobic Lining				
	Detached Gauntlet			(a) Anterior elbow				
	Attached MCP Gauntlet			(b) Circumferential elbow				
	Detached MCP Gauntlet			5. Zips		L	R	
	Attached Glove			None				
	Detached Glove			Forearm - extends from MCP or wrist to below elbow				
2. Fabric		L	R	Upper arm - extends from elbow to point of shoulder				
	Powernet			Full length - extends from MCP or wrist to point of shoulder				
	Powersoft							
	Shimmer							
	Single Hydrophobic							
	Double Hydrophobic							
3. Zip Location				6. Dressing Assist		L	R	
	Ulnar			Zip tabs				
	Radial			Zip loopers				
	Mid Dorsal			Leather assist				
	Dual							

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



## AMPUTEE UPPER LIMB ARM SLEEVE & TAILORED ARM SLEEVE 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 ☐

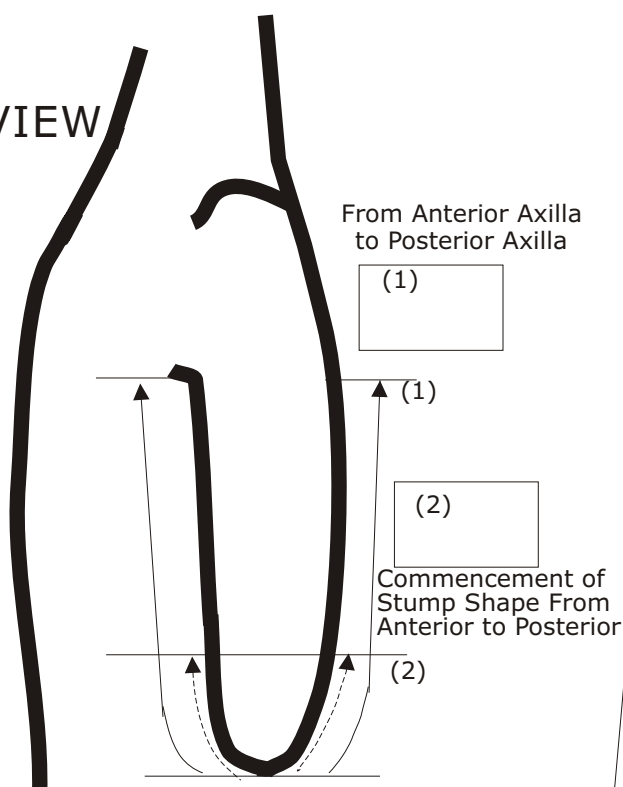
Purple/Green/Pink/Blue/Yellow/White/Red/Orange \_\_\_\_\_ Left (Print colour choice clearly)

Purple/Green/Pink/Blue/Yellow/White/Red/Orange \_\_\_\_\_ Right (Print colour choice clearly)

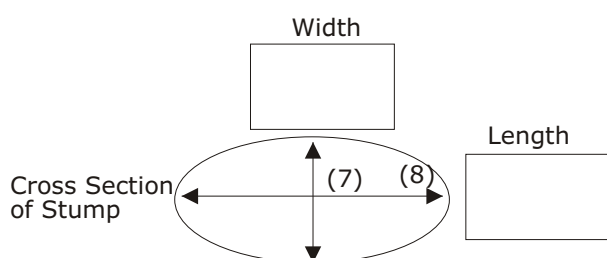
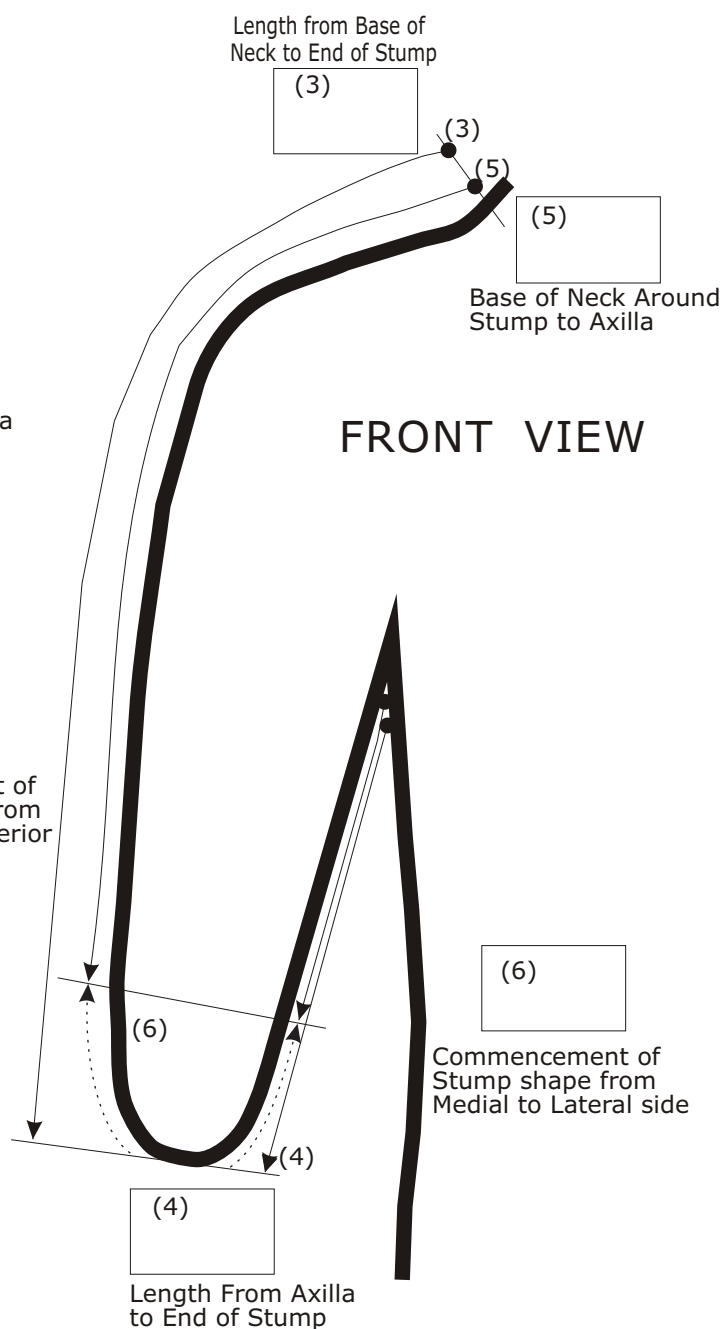
Choose one colour per garment only \*Please choose carefully as garments cannot be exchanged/returned for change of mind or incorrect choice

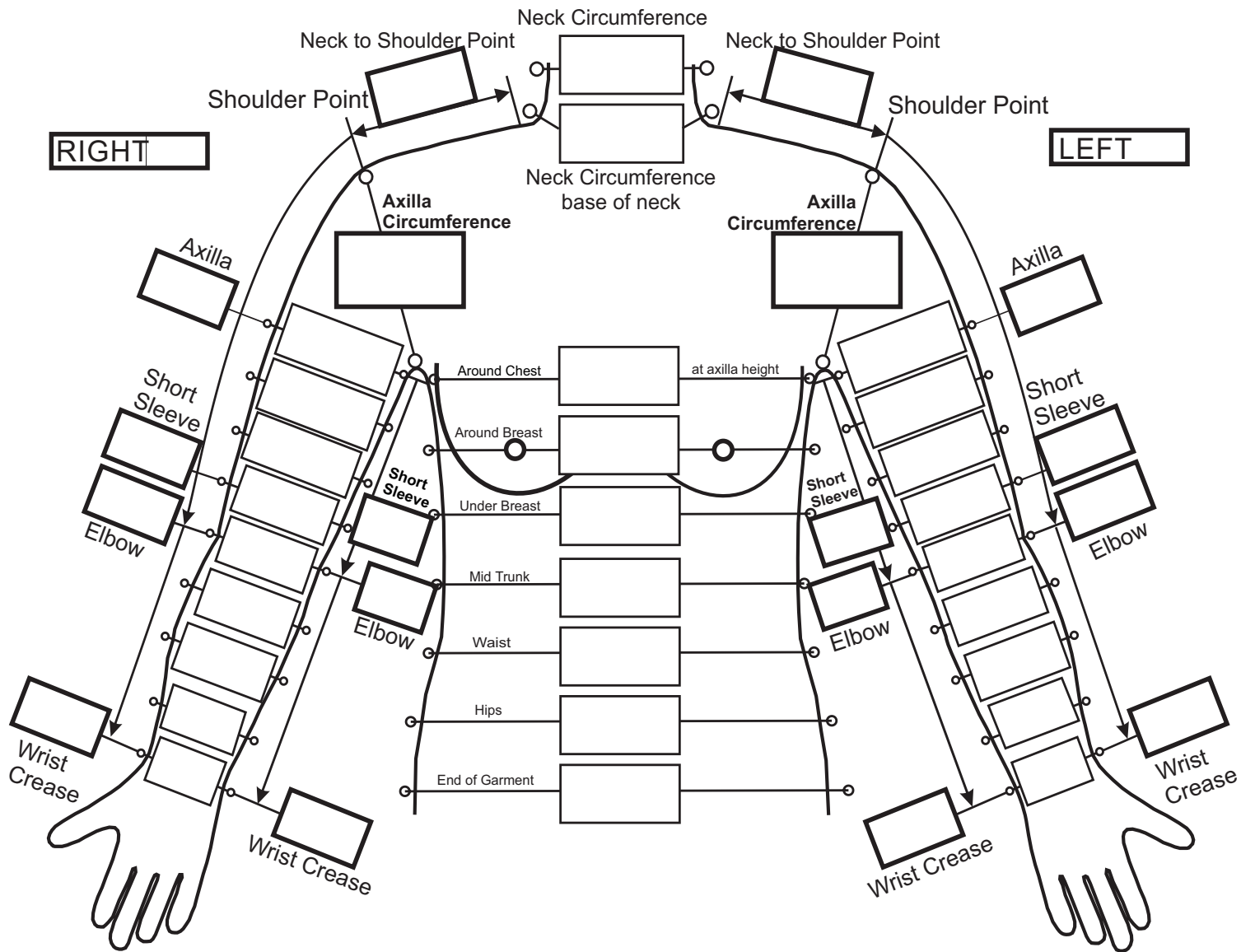
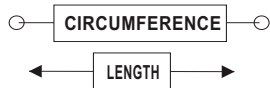


SIDE VIEW



FRONT VIEW



**UPPER LIMB AMPUTEE MEASUREMENT FORM****Client:** \_\_\_\_\_**KEY**

If a Stovepipe Collar is required, please take these Measurements:

**Height of Neck Collar**

1.
2.
3.
4.

Centre Front base of neck to collar height.

Right side base of neck to collar height.

Left side base of neck to collar height.

Centre back base of neck to collar height.

