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PAGE NO: _____



SECOND SKIN PTY LTD

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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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VEST 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. Upper Body Style	L	R	6. Shoulder/Upper Trunk		
With sleeves			Splinting for postural correction Please send photos		
Without sleeves					
Stove pipe collar					
Bra cups			7. Hydrophobic Lining		
Princess line			(a) Neckline		
Athletic top			(b) Stove pipe collar		
2. Fabric			(c) Armholes on sleeveless garment		
Powernet			(d) Other - please specify below		
Powersoft					
Shimmer			8a. Zips Upper Body		
Single hydrophobic			Front		
Double hydrophobic			Back		
3. Sleeve Length	L	R	Centre		
Short to elbow			Offset to (L)		
Long to wrist			Offset to (R)		
None			8b. Zips in Sleeves	L	R
4. Axilla Gussets	L	R	None in arms		
Standard (½ shimmer and ½ hydrophobic)			Full length arm - neckline to wrist		
All shimmer			Upperarm - neckline to above elbow		
All single hydrophobic			Shoulder point to wrist		
All double hydrophobic			8c. Forearm - Radial		
Hydrophobic lining			Ulnar		
5a. Elbow	L	R	Mid dorsal		
Flexion gusset					
(a) All shimmer			9. Dressing Assist	L	R
(b) Shimmer ant & powernet post			Zip tab		
(c) Shimmer ant & powersoft post			Zip loopers		
(d) Single hydrophobic			Leather Assist		
(e) Double hydrophobic					
5b. Hydrophobic Lining			10. Abdominal Shaping		
(a) Anterior elbow					
(b) Circumferential elbow					

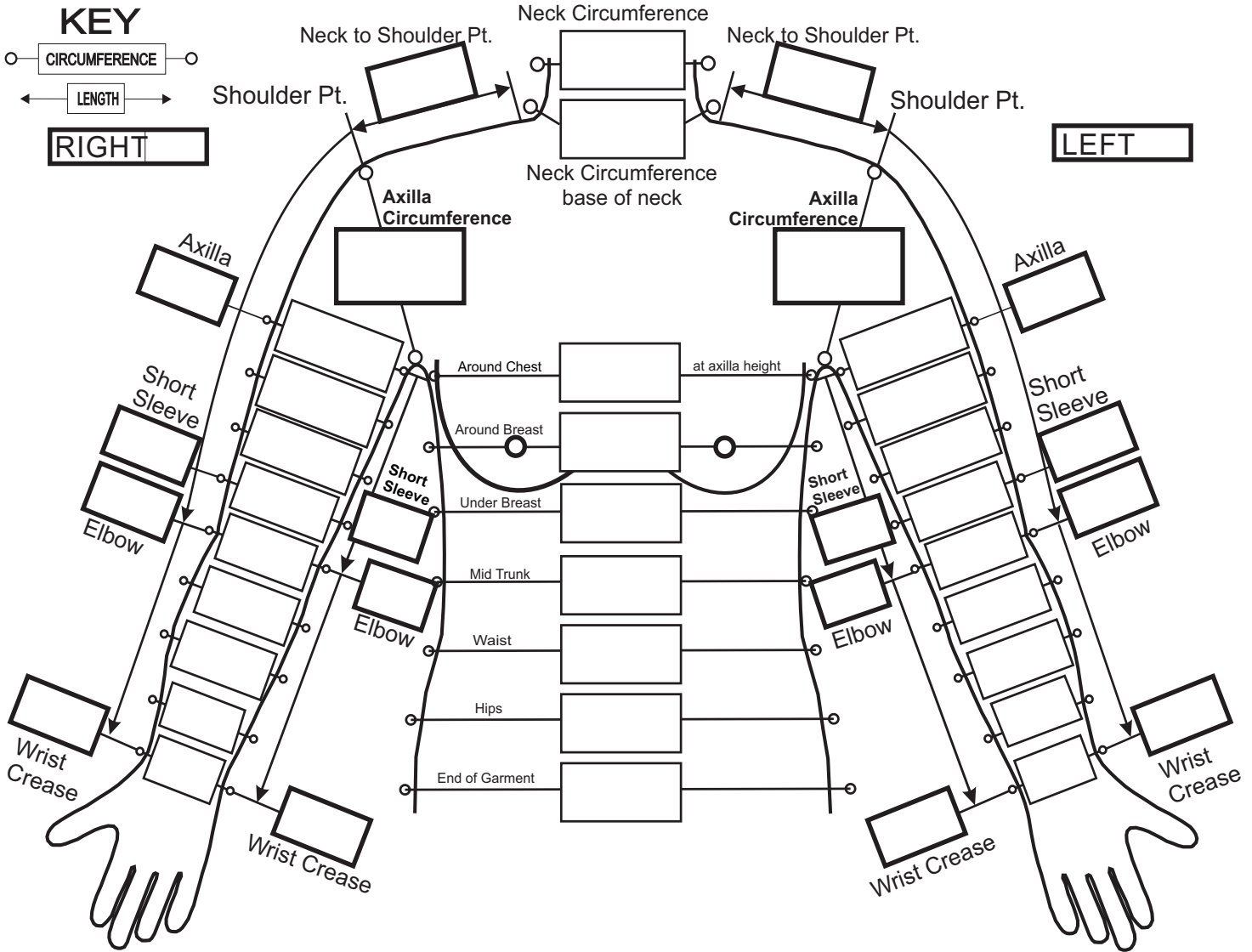
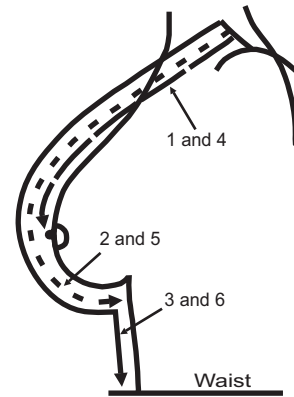
Note any further design options you require. Call our design department in Perth (08 9201 9455) for any queries

FEMALE VEST MEASUREMENT FORM

Client: _____

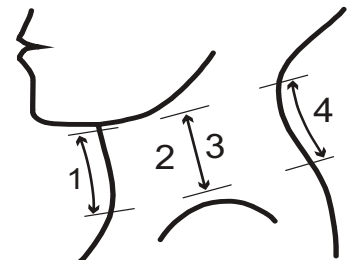
Measurements required for Bra-Cups and Princess Lines. Length measurements to determine Bra-Cup position. Patient to be measured wearing a bra

- | | |
|----|--|
| 1. | Mid Shoulder to Nipple - Left |
| 2. | Mid Shoulder over Nipple to under Breast - Left |
| 3. | Mid Shoulder over Nipple to Waist - Left |
| 4. | Mid Shoulder to Nipple - Right |
| 5. | Mid Shoulder over Nipple to under Breast - Right |
| 6. | Mid Shoulder over Nipple to Waist - Right |
| 7. | Bra Cup Size |



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

- | | |
|----|---|
| 1. | Centre Front base of neck to collar height. |
| 2. | Right side base of neck to collar height. |
| 3. | Left side base of neck to collar height. |
| 4. | Centre back base of neck to collar height. |





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VEST MEASUREMENT FORM

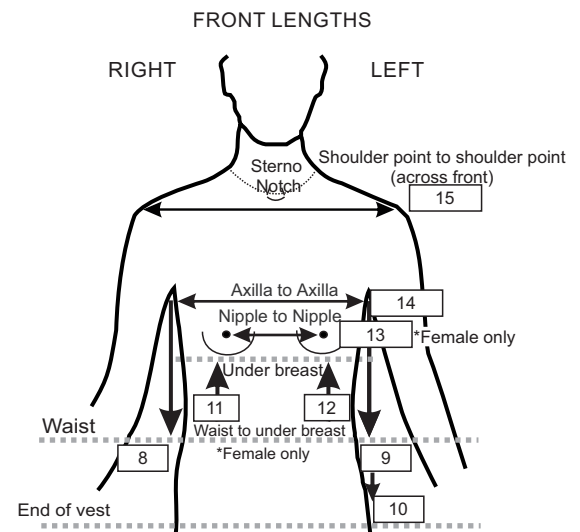
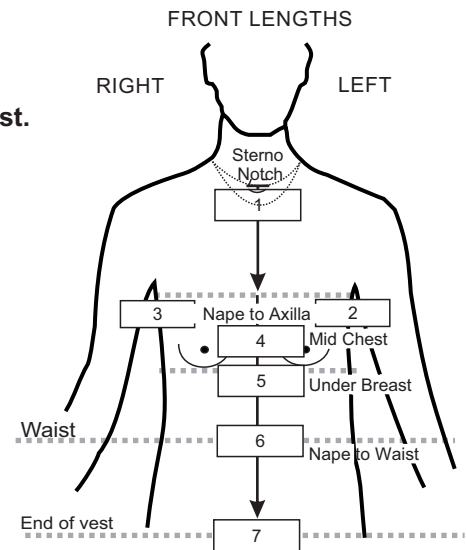
CLIENT SURNAME: _____ GIVEN NAME: _____

M F DATE: ___/___/___

FRONT VEST LENGTH MEASUREMENTS

- All front length measurements are taken from sterno notch hollow at base of neck (nape), at centre front going down towards the waist.
- Arms should be placed at rest by side of body.

- | | |
|-----|--|
| 1. | Nape Drop - determines depth of neckline |
| 2. | Nape to Axilla level - left |
| 3. | Nape to Axilla level - right |
| 4. | Nape to Mid Chest. |
| 5. | Nape to Under Breast - bra underwire level |
| 6. | Nape to Waist. |
| 7. | Nape to End of Vest - determines vest length |
| 8. | Right Side - underarm to waist |
| 9. | Left Side - underarm to waist |
| 10. | Underarm to end of garment |
| 11. | Right Side - waist up to under breast |
| 12. | Left Side - waist up to under breast |
| 13. | Nipple to Nipple |
| 14. | Axilla to Axilla Across Chest |
| 15. | Shoulder point to Shoulder point |



BACK VEST LENGTH MEASUREMENTS

- All back length measurements are taken from C7 at centre back (nape) going down towards the waist.

- | | |
|----|--|
| 1. | Nape Drop - determines depth of neckline |
| 2. | Nape to Axilla - left |
| 3. | Nape to Axilla - right |
| 4. | Nape to Waist |
| 5. | Nape to End of Vest - determines vest length |
| 6. | Axilla to Axilla Across Back |
| 7. | Shoulder point to Shoulder point |

