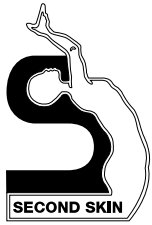


CONFIDENTIAL

PAGE NO: _____



SECOND SKIN PTY LTD

40 O'MALLEY STREET, OSBORNE PARK 6017 (WA)

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.



CONFIDENTIAL

AMPUTEE UPPER LIMB ARM SLEEVE & TAILORED ARM SLEEVE PRESCRIPTION FORM

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

Colour: Light Dark Black **Diagnosis:** Burns Lymphoedema
Powersoft available Dark and Black only 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 <small>Under Axilla</small>		(d) Single Hydrophobic		
		Version 2 <small>Under Breast</small>		(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



CONFIDENTIAL

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

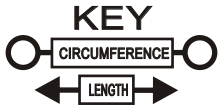
Trauma Vascular Insufficiency

My Second Skin range-feature colour

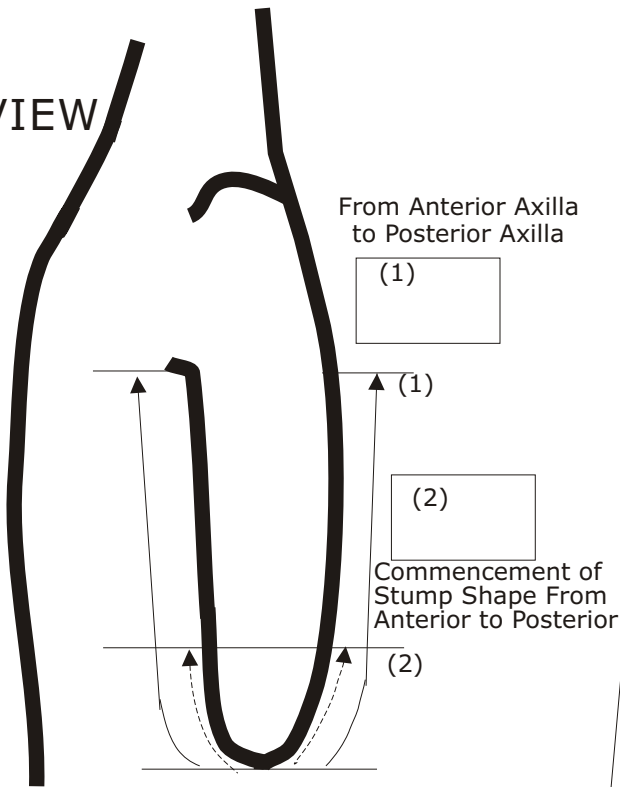
Purple/Green/Pink/Blue/Yellow/White/Red/Orange _____ Left (Print colour choice clearly)

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



From Anterior Axilla to Posterior Axilla

(1)

(1)

(2)

Commencement of Stump Shape From Anterior to Posterior

(2)

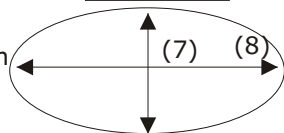
Width



Length



Cross Section of Stump



Length from Base of Neck to End of Stump

(3)

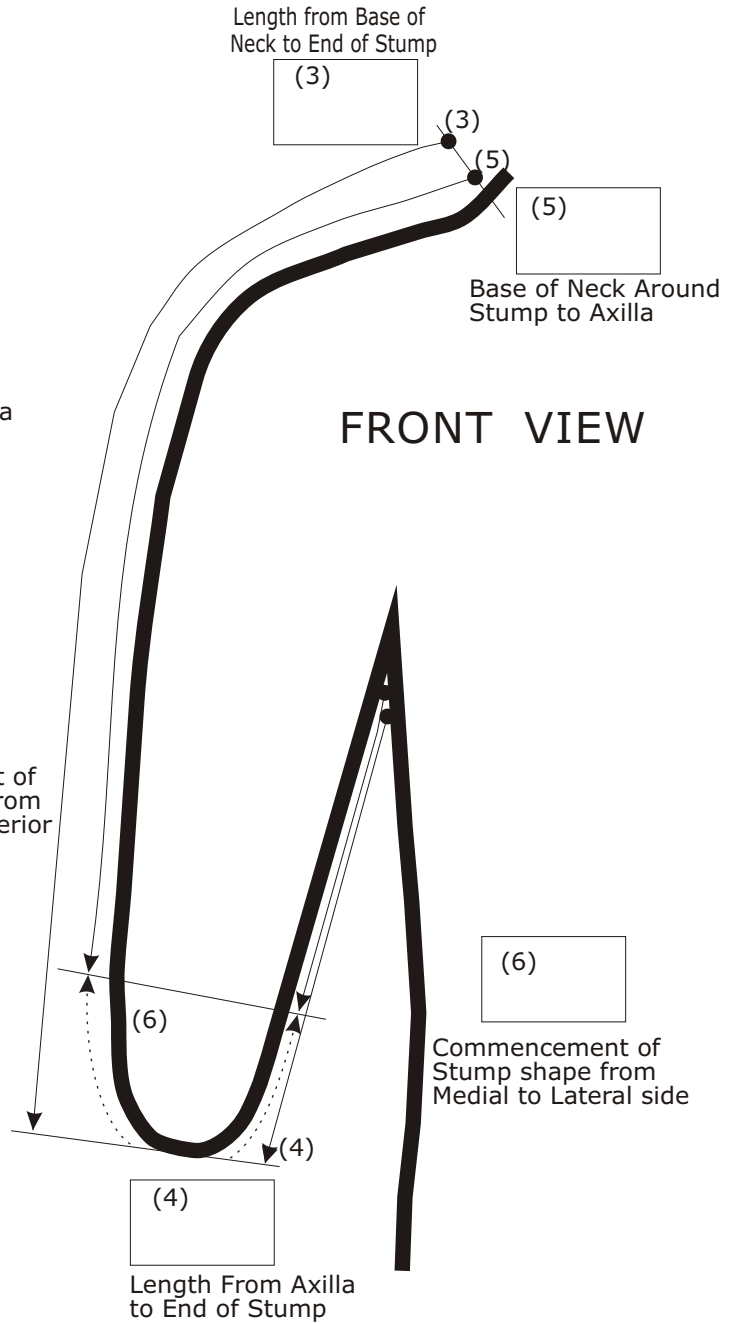
(3)

(5)

(5)

Base of Neck Around Stump to Axilla

FRONT VIEW



(6)

(6)

Commencement of Stump shape from Medial to Lateral side

(4)

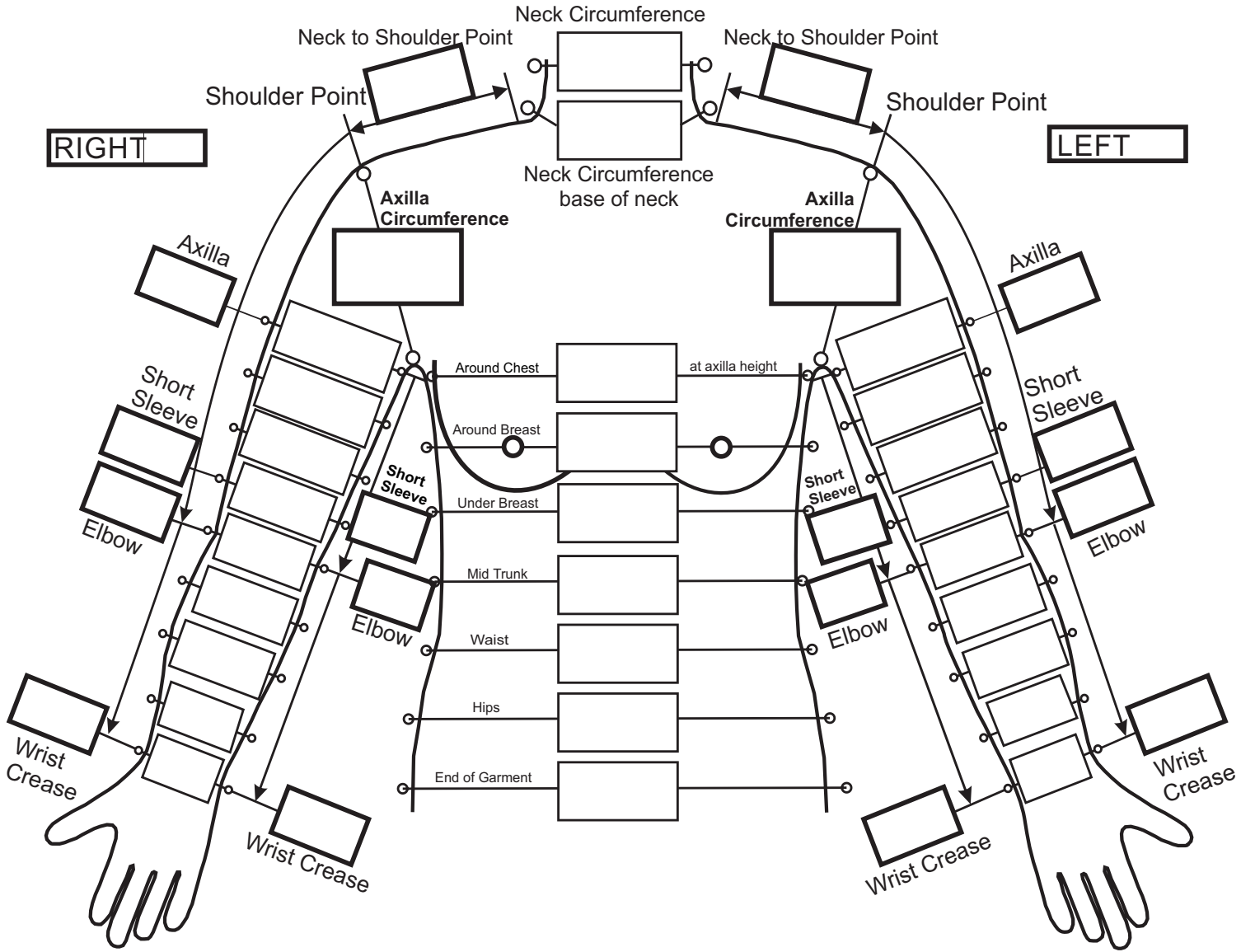
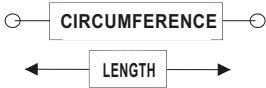
Length From Axilla to End of Stump

UPPER LIMB AMPUTEE MEASUREMENT FORM

Client: _____

CONFIDENTIAL

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.

