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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.



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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 (wrist 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			
				(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

ARMSLEEVE & TAILORED ARMSLEEVE FORM

Client: _____

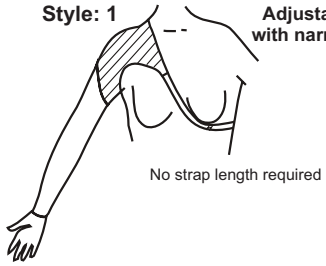
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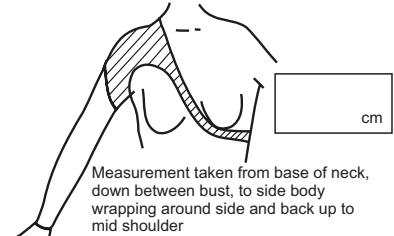
Strap length required

NB: See diagram for placement of strap

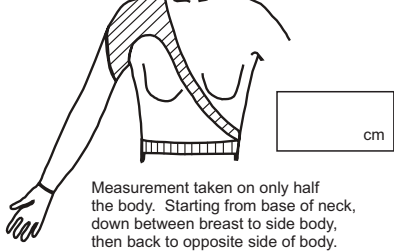
Style: 1 Adjustable strap with narrow elastic



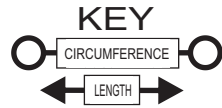
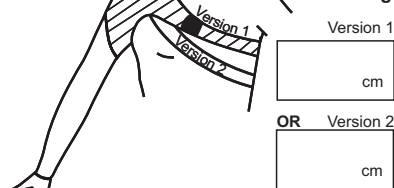
Style: 2 Velcro Fastening



Style: 3 Velcro Fastening



Style: 4 Adjustable strap with wide elastic and D Ring



RIGHT

LEFT

