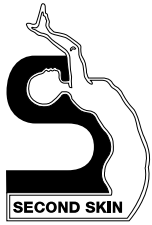


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PAGE NO: _____



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.



GLOVE/MCP/GAUNTLET 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	6. Finger Tips	L	R
Glove - includes fingers			Open		
MCP Gauntlet - web spacers			Closed		
Gauntlet - ends at MCP			Mixed		
2. Fabric	L	R	7. Leather Reinforcing	L	R
Powernet			Palm		
Powersoft			Thumb		
Shimmer			Fingers		
Single hydrophobic			Forearm		
Double hydrophobic			No leather at base of fingers		
3. Zips	L	R	8. Thumb Position	L	R
None			Standard - in neutral position		
Ulnar			Rotated for opposition to index finger		
Radial			De-rotation - stretched away from palm		
Mid dorsal			9. Thumb Splinting - Available on Standard or De-rotated thumb <small>(Thumb will automatically have hydrophobic lining)</small>	L	R
Dual					
4. Dressing Assist	L	R	Abduct from the CMC		
Zip tab			MCP thumb extension		
Zip looper					
Leather assist			10. Wrist Gusset	L	R
5. Finger Gussets	L	R	Dorsal		
Standard			Circumferential		
Slant inserts			11. Transverse Arch Flattening	L	R
Finger web spacers - for MCP Gauntlet only					

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



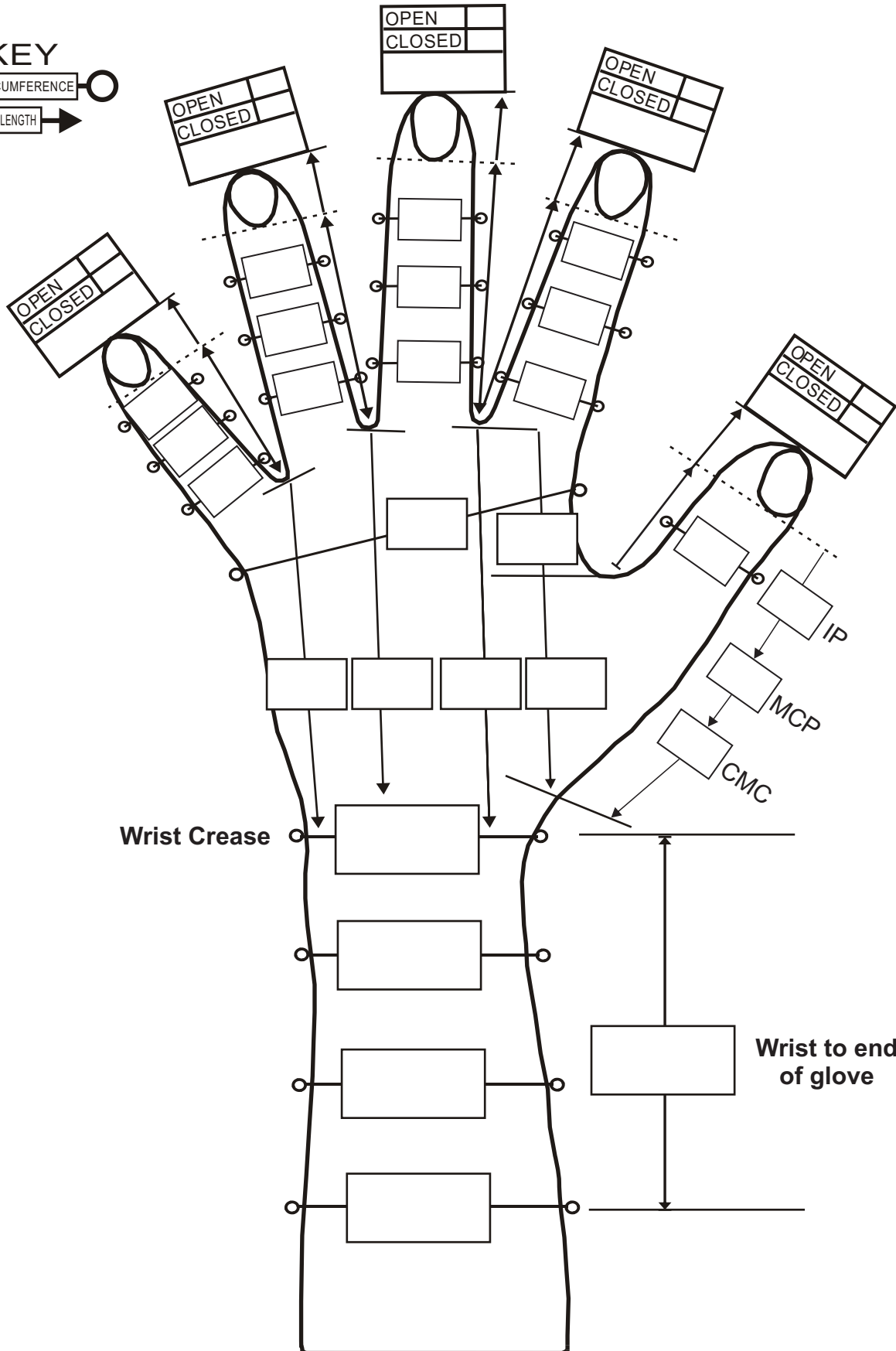
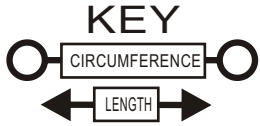
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GLOVE/MCP/GAUNTLET MEASUREMENT FORM - LEFT

CLIENT
M F

SURNAME: _____ GIVEN NAME: _____

DATE: ___/___/___





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HAND TRACE FORM

Page No: _____
DATE: _____

Client: _____

M

F

Grid to Scale 1:1 19 cm x 25 cm



Spread Fingers to
trace Around

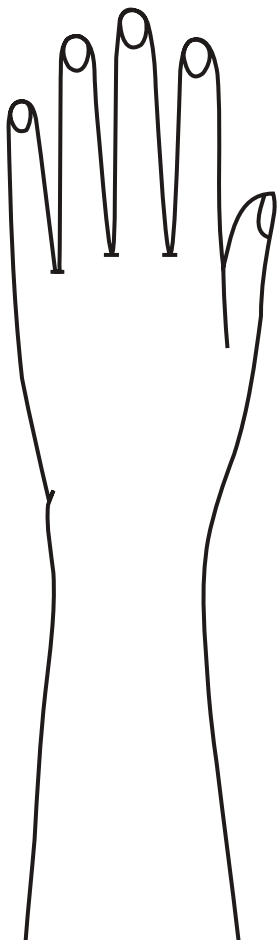


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GLOVE/MCP/GAUNTLET ASSESSMENT FORM

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

Hand Assessment Form



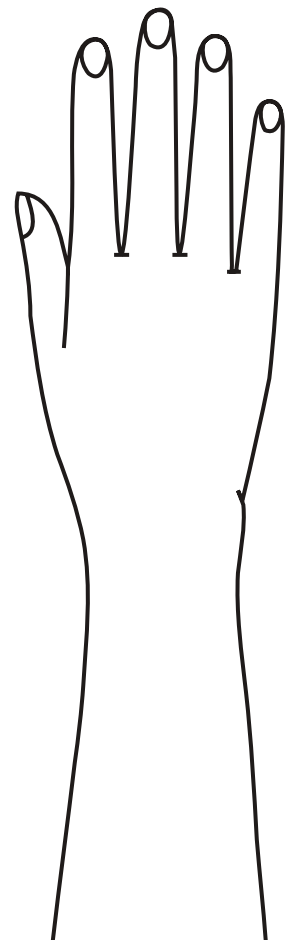
Left Dorsal



Left Palmar



Right Palmar



Right Dorsal

Indicate area of injury and clinical details below:
