CONFIDENTIAL

PATIENT DETAILS FORM

email: orders@secondskin.com.au

PATIENT DETAILS				
Date		Order:	New Order ◯	Reorder ◯
Patient: (Surname)		Given Name:		
Preferred Name:		Pronoun:		
Date of Birth:		Gender:		
Street Address:				
Suburb:		City:		Post Code:
State:		Country:		
Patient Phone No:		Other:		
Patient Email:				

HOSPITAL DETAILS				
Street Address:				
Suburb:		City:		Post Code:
Therapist Name:		Department:		
Therapist Phone No:		Pager No:		
Therapist Email:				
Photos Sent via:	Online portal (preferred) ◯	Email ◯	Unable to provide ◯	

FUNDING BODY	If funding is through **NDIS** please complete our service agreement.		
Company:		Company Email:	
Case Manager:		Case Mgr Email:	
Claim No:		Phone No:	

GARMENTS REQ'D:			
Email quote to:		Cc Email:	
Email invoice to:		PO No:	
Shipping details:	Therapist address as above ◯	Patient address as above ◯	
Or Other:			
Date required by:		**or** standard turn around, 5-7 working days* ◯	

***Second Skin will always endeavor 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 or order queries.

Prescription Form

ALL IN ONE - Tights

(Page 1 of 4)

CLIENT SURNAME:

CLIENT FIRST NAME:

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Diagnosis:

- ◯ Burns
- ◯ Lymphoedema
- ◯ Trauma
- ◯ Venous Insufficiency
- ◯ Neuropathic Pain
- ◯ Other

Colour: (Powersoft available Dark & Black only)

- ◯ Light
- ◯ Dark
- ◯ Black

Stitching:

- ◯ Purple
- ◯ Green
- ◯ Pink
- ◯ Blue
- ◯ Yellow
- ◯ White
- ◯ Red
- ◯ Orange
- ◯ Black
- ◯ Match base fabric

PERSONALISATION - FABRIC TRIM

Your choice matters. Please choose your trim via the QR Code

◯ Trim selected via QR Code

Fabric Trim Selection

Your choice matters. If not using link record code here.

Please choose carefully as garments cannot be exchanged/returned for change of mind or incorrect choice

STYLE	
Two leg	◯
One-and-a-half leg	◯
Short legs to above knee	◯

FABRIC	
Powernet	◯
Powersoft	◯
Shimmer	◯
Single Hydrophobic	◯
Double Hydrophobic	◯

HYDRO LINING	
Hydro lining to whole garment	◯

FLAP / STUMP	L	R
Lower limb flap	◯	◯
Lower limb stump	◯	◯

CROTCH	
Open	◯
Closed - **no 3d shaping front** crotch	◯
Closed - **includes 3d shaping front**	◯
Fly front - **includes 3d shaping front**	◯

LEG LENGTHS	L	R
Above knee	◯	◯
Ankle length	◯	◯
Including feet	◯	◯

KNEE GUSSET	L	R
Posterior knee gusset: Shimmer	◯	◯
Knee flexion gusset: All Shimmer	◯	◯
All single Hydrophobic	◯	◯
All double Hydrophobic	◯	◯
Powernet anterior & shimmer posterior	◯	◯
Powersoft anterior & shimmer posterior	◯	◯

KNEE HYDROPHOBIC LINING	L	R
Anterior	◯	◯
Posterior	◯	◯
Circumferential	◯	◯

ANKLE / CALF SEAM	L	R
Centre front vertical seam (preferred)	◯	◯
Ankle crease seam	◯	◯

DORSAL ANKLE GUSSET	L	R
Shimmer	◯	◯
Powernet	◯	◯
Powersoft	◯	◯
ADD: Hydrophobic lining	◯	◯
Single Hydrophobic	◯	◯
Double Hydrophobic	◯	◯

TOES	L	R
Open toe	◯	◯
Closed toe	◯	◯
Big toe separate	◯	◯
Foot glove (includes slant gussets)	◯	◯
Single Hydro toe cap	◯	◯
Double Hydro toe cap	◯	◯
Shimmer toe cap	◯	◯
Stirrups	◯	◯

ZIPS - LOWER BODY	L	R
None in legs	◯	◯
Waist to mid thigh	◯	◯
Nappy zip (children only)	◯	◯
Full length curved into foot	◯	◯
Below knee		
Posterior straight medial to ankle	◯	◯
Posterior straight lateral to ankle	◯	◯
Straight lateral to ankle	◯	◯

ZIPS - LOWER BODY continued	L	R
Curved medial into foot	◯	◯
Curved lateral into foot	◯	◯

DRESSING ASSIST	L	R
Zip tab - (state quanity 1-4)		
Location:		
Zip loopers	◯	◯
Leather assist	◯	◯

HYDROPHOBIC LINING SECTIONS DOES NOT APPLY IF FULLY LINED	L	R
Front brief section	◯	◯
Back brief section	◯	◯
Upper anterior leg	◯	◯
Upper posterior leg	◯	◯
Upper lateral side	◯	◯
Upper medial side	◯	◯
Lower anterior leg	◯	◯
Lower posterior leg	◯	◯
Lower lateral side	◯	◯
Lower medial side	◯	◯
Dorsum of foot	◯	◯
Sole	◯	◯

REINFORCING FABRIC	L	R
Powernet	◯	◯
Shimmer	◯	◯
Powersoft	◯	◯

REINFORCING LOCATION	L	R
Front brief section	◯	◯
Back brief section	◯	◯
Upper anterior leg	◯	◯
Upper posterior leg	◯	◯
Upper lateral side	◯	◯

Prescription Form

ALL IN ONE - Tights (Page 2 of 4)

CLIENT SURNAME:

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REINFORCING LOCATION cont.	L	R
Upper medial side	☐	☐
Lower anterior leg	☐	☐
Lower posterior leg	☐	☐
Lower lateral side	☐	☐
Lower medial side	☐	☐
Dorsum of foot	☐	☐
Sole	☐	☐

LEATHER SOLE	L	R
Sole	☐	☐

LEATHER HEEL	L	R
Heel	☐	☐

DEFICIT PAD	L	R
Without pocket	☐	☐
With pocket	☐	☐

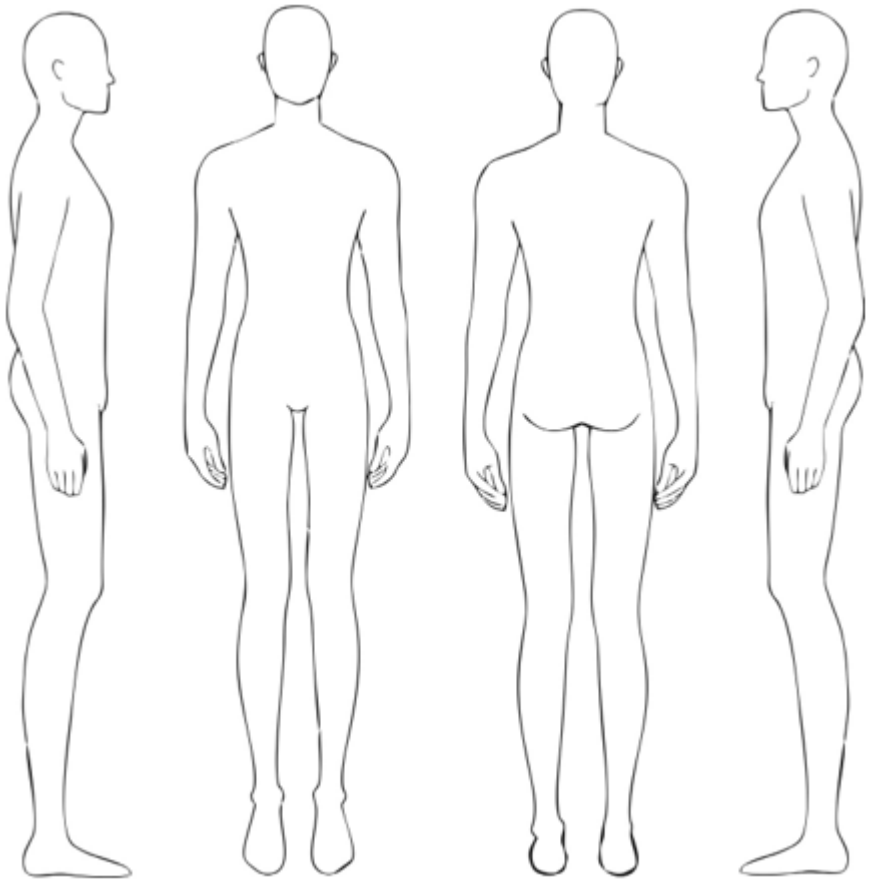
ADDITIONAL OPTIONS	L	R
Colostomy site with pouch & zip access	☐	☐
Hernia support	☐	
Shaped abdomen	☐	
Pregnancy panel	☐	
Scrotal support	☐	
Soft braces with Velcro closure	☐	

SPLINTING OPTIONS REQUIRES 2 X LAYERS OF FABRIC	L	R
Shimmer / Hydrophobic	☐	☐
Double Hydrophobic	☐	☐

SPLINTING OPTIONS	L	R
Big toe abduction	☐	☐
Toe extension	☐	☐
Lengthen instep	☐	☐

MISCELLANEOUS	L	R
Lower leg centre back vertical seam (for full calf shaping)	☐	☐

SILICONE LINING Silon-Tex®II USED TO MANAGE APPEARANCE OF SCARS TIGHTS	L	R
Photos provided **or**	☐	☐
Draw location on assessment drawings	☐	☐
Small: 3 x 8 cm	☐	☐
Medium: 6 x 12cm	☐	☐
Large: 12 x 18cm	☐	☐
A5 size: 15 x 21cm	☐	☐
A4 size: 21 x30cm	☐	☐
Pocket and deficit pad - silicone on pocket only (photos required)	☐	☐
Deficit pad only (silicone one side)	☐	☐



Notes/Designs & Silicone Options:

Please note any further design options you require. Please call our design department in Perth (+61 8 9201 9455) for any queries.

Prescription Form

ALL IN ONE - Vest

(Page 3 of 4)

CLIENT SURNAME:

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STYLE	
With sleeves	☐
Sleeveless	☐

FABRIC	
Powernet	☐
Powersoft	☐
Shimmer	☐
Single Hydrophobic	☐
Double Hydrophobic	☐

HYDRO LINING	
Hydro lining to whole garment	☐

SLEEVE LENGTH	L	R
Short to elbow	☐	☐
Long to wrist	☐	☐
Singlet style	☐	

BREAST STYLE	
Bra cups - including wires	☐
Sports bra - no wire	☐
Shaped seam over bust	☐

FLAP / STUMP	L	R
Upper limb flap	☐	☐
Upper limb stump	☐	☐

AXILLA GUSSETS	L	R
Standard (1/2 Shimmer, 1/2 hydro)	☐	☐
All Shimmer	☐	☐
All single Hydrophobic	☐	☐
All double Hydrophobic	☐	☐
Fully Hydrophobic lined	☐	☐

ELBOW - FLEXION GUSSET	L	R
All Shimmer	☐	☐
Shimmer anterior & Powernet posterior	☐	☐
Shimmer anterior & Powersoft posterior	☐	☐
Single Hydrophobic	☐	☐
Double Hydrophobic	☐	☐

HYDROPHOBIC LINING ELBOW	L	R
Anterior elbow	☐	☐
Posterior elbow	☐	☐
Circumferential elbow	☐	☐

NECKLINE OPTIONS	
Standard round neck	☐
Stove pipe collar	☐
Dropped front neckline	☐
Sweetheart neckline	☐

SHOULDER/UPPER TRUNK	
Splinting for postural correction (please send photos)	☐

HYDROPHOBIC SHOULDER CAPS	L	R
For very fragile skin on shoulders	☐	☐

HYDROPHOBIC BOUND EDGING **Standard finish is strip lining**	
Neckline	☐
Stove pipe collar	☐
Arm holes on sleeveless	☐

HYDROPHOBIC LINING LOCATION	L	R
Dorsum of forearm	☐	☐
Palmar of forearm	☐	☐
Upper arm - lateral	☐	☐
Upper arm - medial	☐	☐
Full arm	☐	☐
Upper front chest	☐	☐
Upper back chest	☐	☐
Side body	☐	☐
Entire body front	☐	☐
Entire body back	☐	☐
Collar anterior	☐	

ZIPS - UPPER BODY	
Front	☐
Back	☐
Centre	☐
Offset to LEFT	☐
Offset to RIGHT	☐

ZIPS - SLEEVES	L	R
None in arms	☐	☐
Full length arm (neckline to wrist)	☐	☐
Upper arm (neckline to above elbow)	☐	☐
Shoulder point to wrist	☐	☐

ZIPS - FOREARM	L	R
None	☐	☐
Radial	☐	☐
Ulnar	☐	☐

DRESSING ASSIST	L	R
Zip tab - (state quanity 1-4)		
Location:		
Zip loopers	☐	☐
Leather assist	☐	☐

REINFORCING	L	R
Shimmer	☐	☐
Powernet	☐	☐
Powersoft	☐	☐

REINFORCING LOCATION	L	R
Dorsum of forearm	☐	☐
Palmar of forearm	☐	☐
Upper arm - lateral	☐	☐
Upper arm - medial	☐	☐
Full arm	☐	☐
Chest - front nape to axilla depth	☐	☐
Chest - back nape to axilla depth	☐	☐
Side body	☐	☐
Entire body front	☐	☐
Entire body back	☐	☐
Collar anterior	☐	

Prescription Form

ALL IN ONE - Vest (Page 4 of 4)

CLIENT SURNAME:

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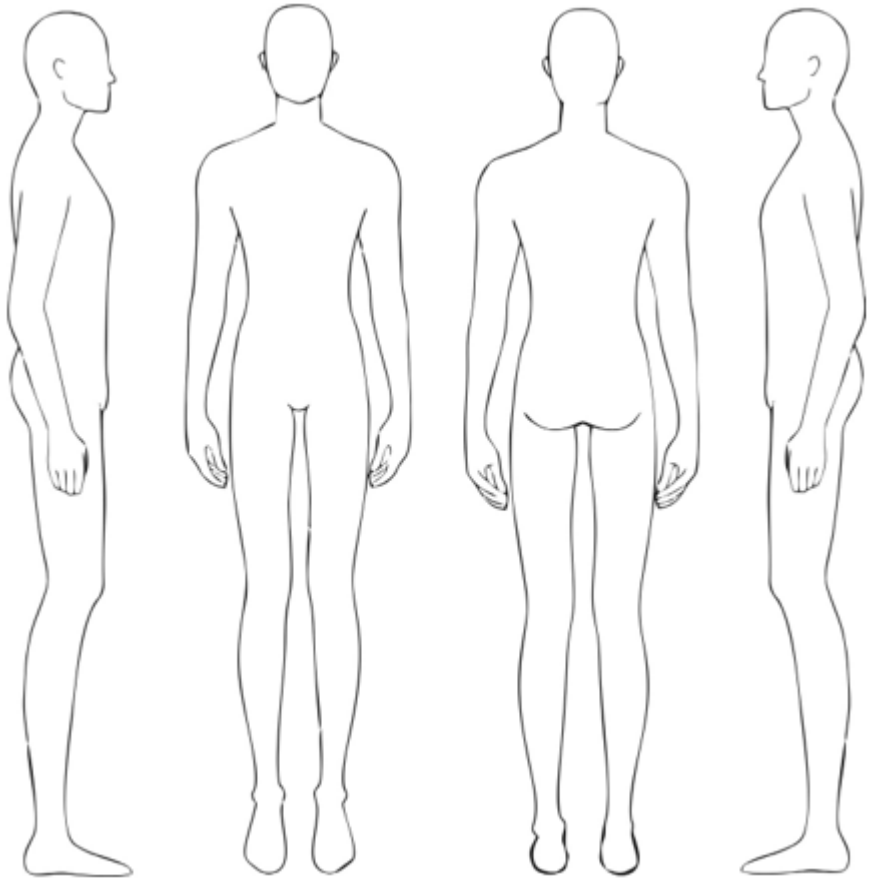
SILICONE LINING Silon-Tex®II USED TO MANAGE APPEARANCE OF SCARS VEST	L	R
Photos provided **or**	☐	
Draw location on assessment drawings below	☐	
Small: 3 x 8 cm	☐	
Medium: 6 x 12cm	☐	
Large: 12 x 18cm	☐	
A5 size: 15 x 21cm	☐	
A4 size: 21 x30cm	☐	
Pocket and deficit pad - silicone on pocket only (photos required)	☐	
Deficit pad only (silicone one side)	☐	



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Measurement Form

ALL IN ONE - Vest (Page 1 of 4)

CLIENT SURNAME:

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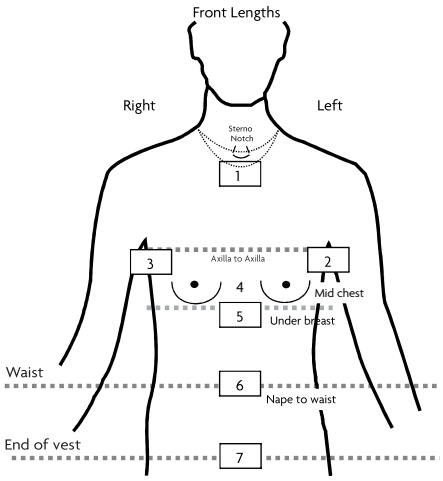
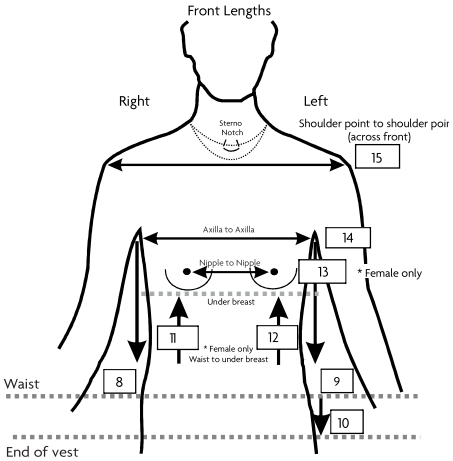
FRONT VEST LENGTH MEASURES

- 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 the side of the body.

1. Nape drop (determines the 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. Underarm to waist - RIGHT	
8. Underarm to waist - LEFT	
9. Underarm to end of garment	
10. Waist up to under breast - RIGHT	
11. Waist up to under breast - LEFT	
12. Nipple to nipple	
13. Armhole crease to armhole crease across chest	
14. Shoulder point to shoulder point	

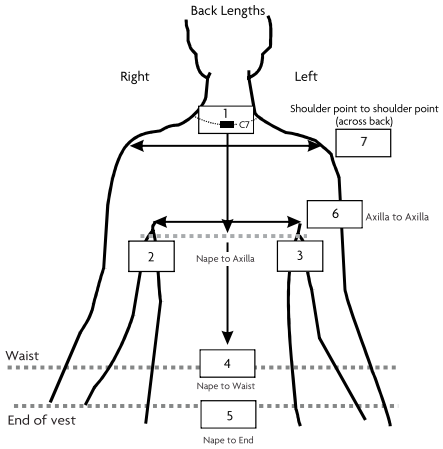




BACK VEST LENGTH MEASURES

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

1. Nape drop (determines the depth of neckline)	
2. Nape to axilla level - LEFT	
3. Nape to axilla level - RIGHT	
4. Nape to waist	
5. Armhole crease to armhole crease across chest	
6. Shoulder point to shoulder point	



Measurement Form

ALL IN ONE - Vest

(Page 2 of 4)

CLIENT SURNAME:

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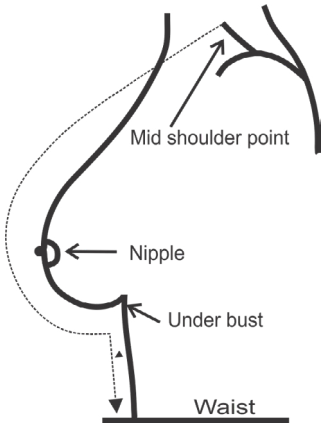
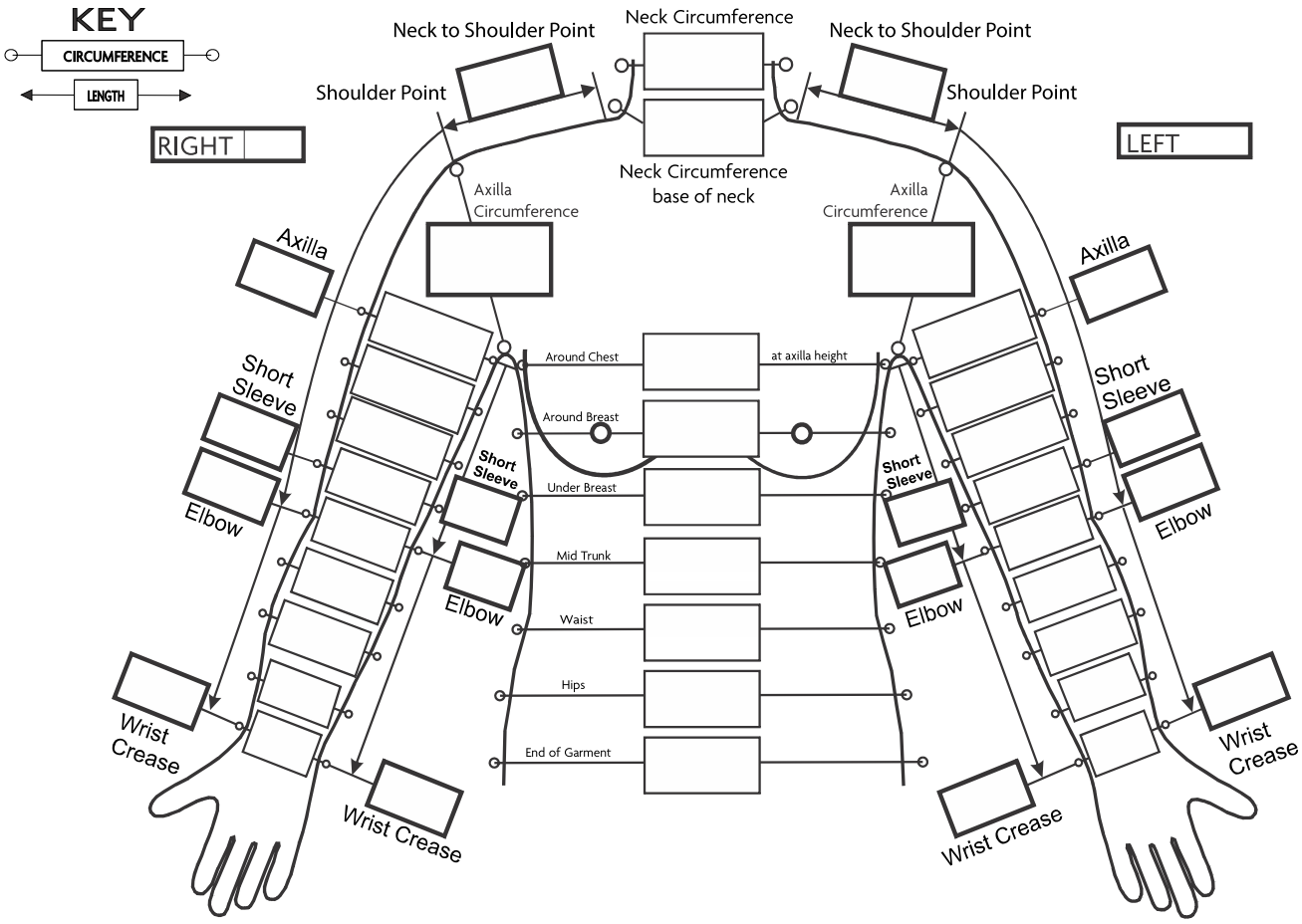
BREAST MEASUREMENTS

These length measurements determine the bust position.
To be measured wearing supportive bra or crop top.

1. Mid shoulder to nipple - LEFT		4. Mid shoulder to nipple - RIGHT	
2. Mid shoulder over nipple to under breast - LEFT		5. Mid shoulder over nipple to under breast - RIGHT	
3. Mid shoulder over nipple to waist - LEFT		6. Mid shoulder over nipple to waist - RIGHT	
		7. Bra cup size If known	

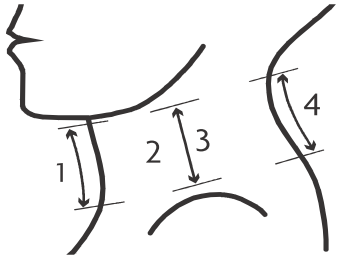




STOVEPIPE COLLAR HEIGHT MEASURES

If a stovepipe collar is required, please take the following:

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	



Measurement Form

ALL IN ONE - Tights
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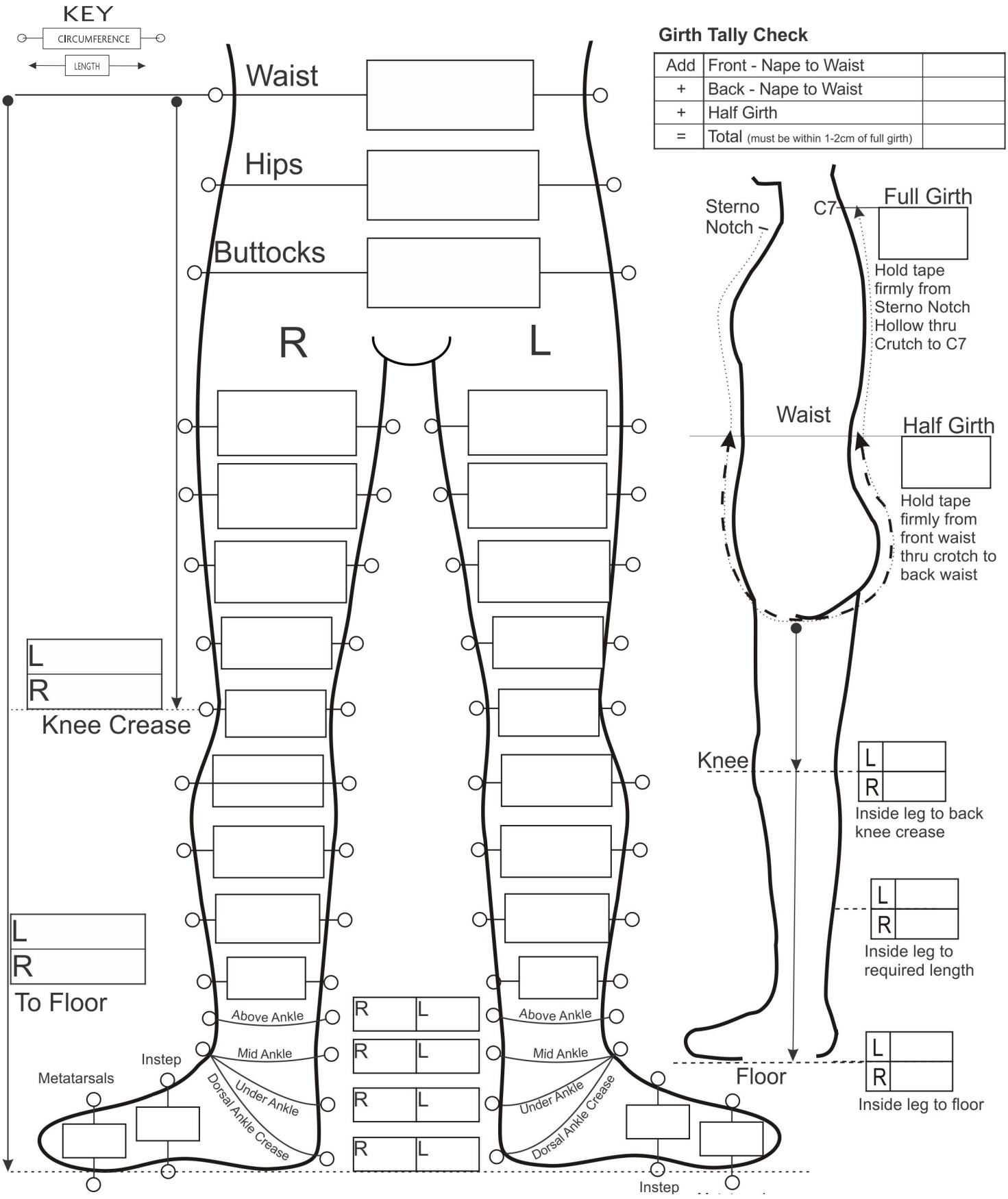

Trace Form

ALL IN ONE - Foot Trace
(Page 4 of 4)

CLIENT SURNAME:

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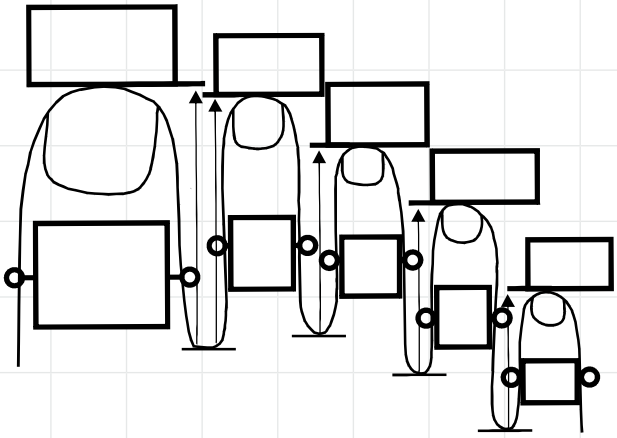
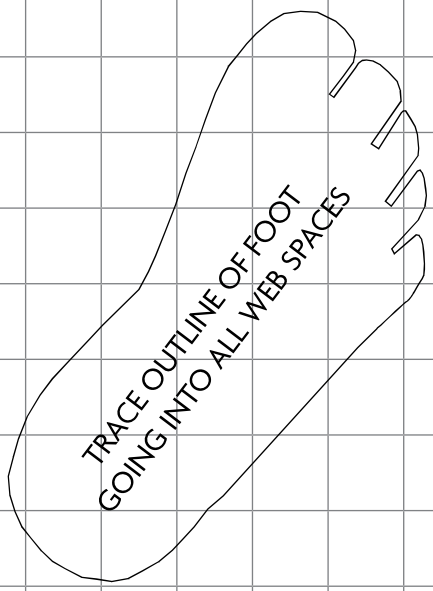
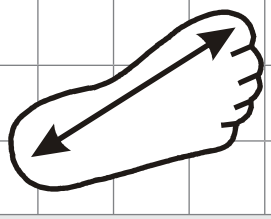
Scale 1:1 – Bar = 10 cm (Each box = 1 cm × 1 cm)







IMPORTANT: Sole Length
(Measure length of sole on foot trace from tip of big toe to tip of heel)

MEASURING TIPS

- For big toe separate, measure big toe circumference and length.
- For a foot glove, measure all toe circumferences and lengths
- Circumference measurements are taken at the middle of the toe.
- Length measurements are taken from web space to tip of toe on the side of the toe as indicated with a length arrow.