CONFIDENTIAL

REORDER FORM

email: orders@secondskin.com.au

Diagnosis:

- ◯ Burns
- ◯ Lymphoedema
- ◯ Trauma
- ◯ Venous Insuffciecy
- ◯ 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

PERSONALISE YOUR GARMENT
SCAN FOR CUSTOMISING

To ensure your order is processed without delay please fill in the specific details for fabric colour, stitching and trim

PATIENT DETAILS		**Date:**	
Patient: (Surname)		**Given Name:**	
Preferred Name:		**DOB:**	

HOSPITAL / CENTRE			
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.		
	Exactly as before ◯	New details below ◯	
Company:		**Company Email:**	
Case Manager:		**Case Mgr Email:**	
Claim No:		**Phone No:**	

GARMENT PX	Exactly as before ◯	Changes required as below ◯	
Garment/s required:			
Email quote to:		**Cc Email:**	
Email invoice to:		**PO No:**	
Shipping details:	Therapist address as previous ◯	Patient - address as previous ◯	
Or Other:			
Date required by:		or standard turnaround, 5-7 working days*	

***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 orders.