



REORDER FORM

email: orders@secondskin.com.au

CONFIDENTIAL

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



PATIENT DETAILS

Patient: (Surname)

Preferred Name:

Date:

Given Name:

DOB:

HOSPITAL / CENTRE

Therapist Name:

Therapist Phone No:

Therapist Email:

Photos Sent via:

Online portal (preferred) ☐ Email ☐ Unable to provide ☐

Department:

Pager No:

FUNDING BODY

If funding is through **NDIS** please complete our service agreement.

Exactly as before ☐ New details below ☐

Company:

Case Manager:

Claim No:

Company Email:

Case Mgr Email:

Phone No:

GARMENT PX

Exactly as before ☐ Changes required as below ☐

Garment/s required:

Email quote to:

Email invoice to:

Shipping details:

Or Other:

Date required by:

Cc Email:

PO No:

Therapist address as previous ☐ Patient - address as previous ☐

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.