



ALTERATION FORM

email: alteration@secondskin.com.au

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) <input type="radio"/>	Email <input type="radio"/>	Unable to provide <input type="radio"/>
(Show area of concern; front, side and back views; marked up garment; pinching out for retension)			

FUNDING BODY			
Company:		Company Email:	
Case Manager:		Case Mgr Email:	
Claim No:		Phone No:	

GARMENT/S			
What are you seeing			

Details: Alt required			

Email quote to:		Cc Email:	
Email invoice to:		PO No:	
Shipping details:	Therapist address as previous <input type="radio"/>	Patient address as previous <input type="radio"/>	
Or Other:			
Date required by:	or standard turn around, 10 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/hospital orders.**