



# PATIENT DETAILS FORM

email: [orders@secondskin.com.au](mailto:orders@secondskin.com.au)

CONFIDENTIAL

## PATIENT DETAILS

Date	Order:	New Order <input type="radio"/>	Reorder <input type="radio"/>
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) <input type="radio"/>	Email <input type="radio"/>	Unable to provide <input type="radio"/>

## 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 <input type="radio"/>	Patient address as above <input type="radio"/>
Or Other:		
Date required by:	or standard turn around, 5-7 working days* <input type="radio"/>	

\*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

## Vest

### (Page 1 of 2)

CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

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



#### 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

#### AXILLA GUSSETS continue L R

- All double Hydrophobic    
 Fully Hydrophobic lined

#### ELBOW - FLEXION GUSSET L R

- All Shimmer    
 Shimmer anterior & Powernet posterior

#### ELBOW - FLEXION GUSSET cont L R

- 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

#### HYDROPHOBIC LINING LOCATION cont. L R

- 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    
 Zip tab - (state quantity 1-4)    
 Loation

- Zip loopers    
 Leather assist



CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REINFORCING	L	R
Shimmer	<input type="checkbox"/>	<input type="checkbox"/>
Powernet	<input type="checkbox"/>	<input type="checkbox"/>
Powersoft	<input type="checkbox"/>	<input type="checkbox"/>

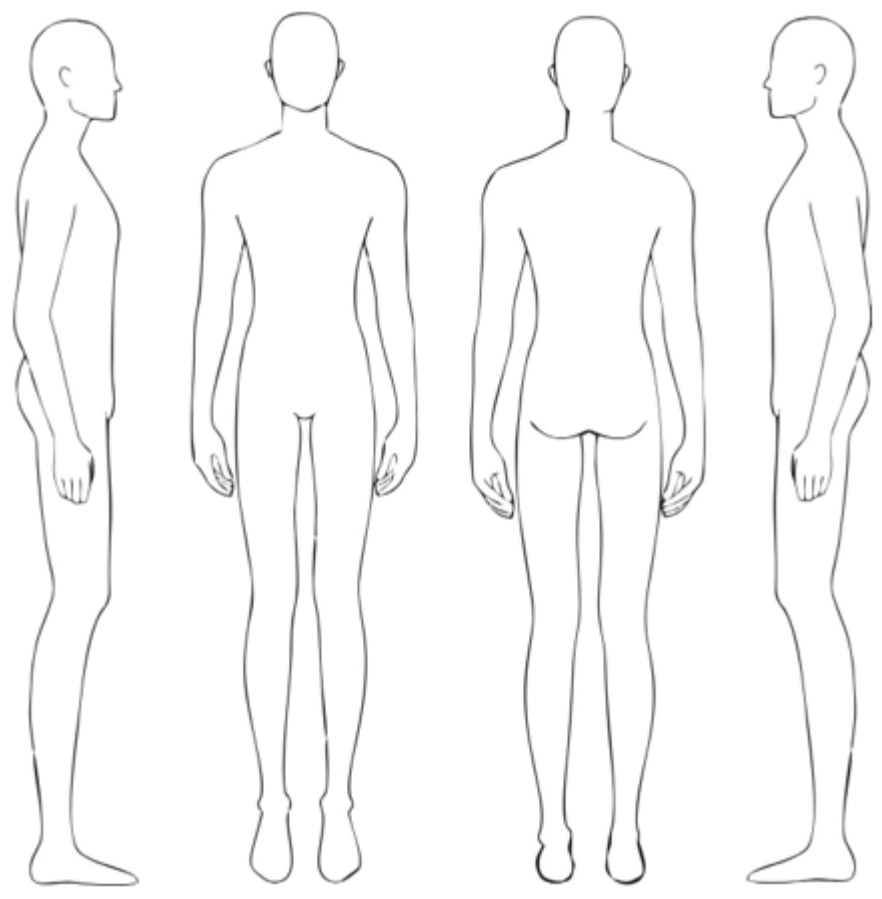
REINFORCING LOCATION	L	R
Dorsum of forearm	<input type="checkbox"/>	<input type="checkbox"/>
Palmar of forearm	<input type="checkbox"/>	<input type="checkbox"/>
Upper arm - lateral	<input type="checkbox"/>	<input type="checkbox"/>
Full arm	<input type="checkbox"/>	<input type="checkbox"/>
Chest - front nape to axilla depth	<input type="checkbox"/>	<input type="checkbox"/>
Chest - back nape to axilla depth	<input type="checkbox"/>	<input type="checkbox"/>
Side body	<input type="checkbox"/>	<input type="checkbox"/>
Entire body front	<input type="checkbox"/>	<input type="checkbox"/>
Entire body back	<input type="checkbox"/>	<input type="checkbox"/>
Collar anterior	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL OPTIONS	
Shaped abdomen	<input type="checkbox"/>
Pregnancy panel	<input type="checkbox"/>
Hernia support	<input type="checkbox"/>

SILICONE ELASTIC	
Posterior to anchor back waist in position	<input type="checkbox"/>
Anterior to anchor front brief on fuller abdomens	<input type="checkbox"/>

SILICONE LINING Silon-Tex®II	
USED TO MANAGE APPEARANCE OF SCARS	
Photos provided <b>or</b>	<input type="checkbox"/>
Draw location on assessment drawings below	<input type="checkbox"/>
Small: 3 x 8 cm	<input type="checkbox"/>
Medium: 6 x 12cm	<input type="checkbox"/>
Large: 12 x 18cm	<input type="checkbox"/>
A5 size: 15 x 21cm	<input type="checkbox"/>
A4 size: 21 x30cm	<input type="checkbox"/>
Pocket and deficit pad - silicone on pocket only (photos required)	<input type="checkbox"/>
Deficit pad only (silicone one side)	<input type="checkbox"/>



**Silicone lined fabric notes:** Please note any further information for silicone location.

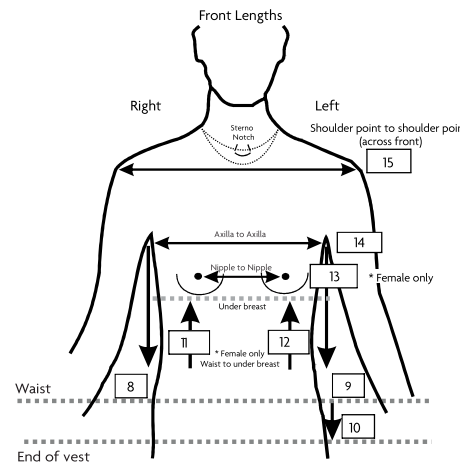
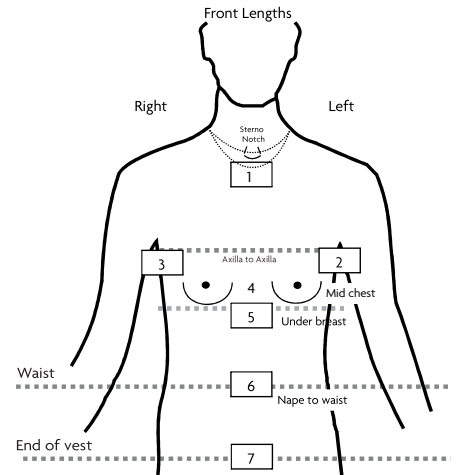
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



### 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.

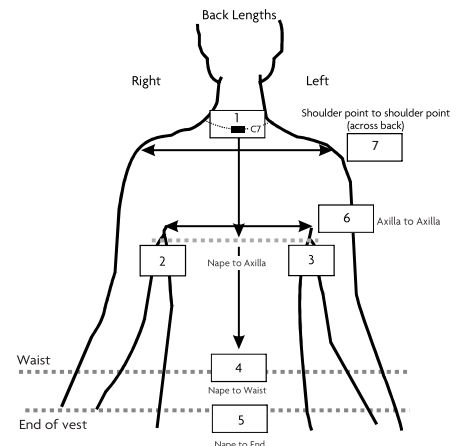
1. Nape drop (determines the depth of neckline)	
2. Nape to axilla level - LEFT	
3. Nape to axilla level - RIGHT	
4. Nape to mid chest	
5. Nape to under breast (bra underwire level)	
6. Nape to waist	
7. Nape to end of vest (determines vest length)	
8. Underarm to waist - RIGHT	
9. Underarm to waist - LEFT	
10. Underarm to end of garment	
11. Waist up to under breast - RIGHT	
12. Waist up to under breast - LEFT	
13. Nipple to nipple	
14. Armhole crease to armhole crease across chest	
15. 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.

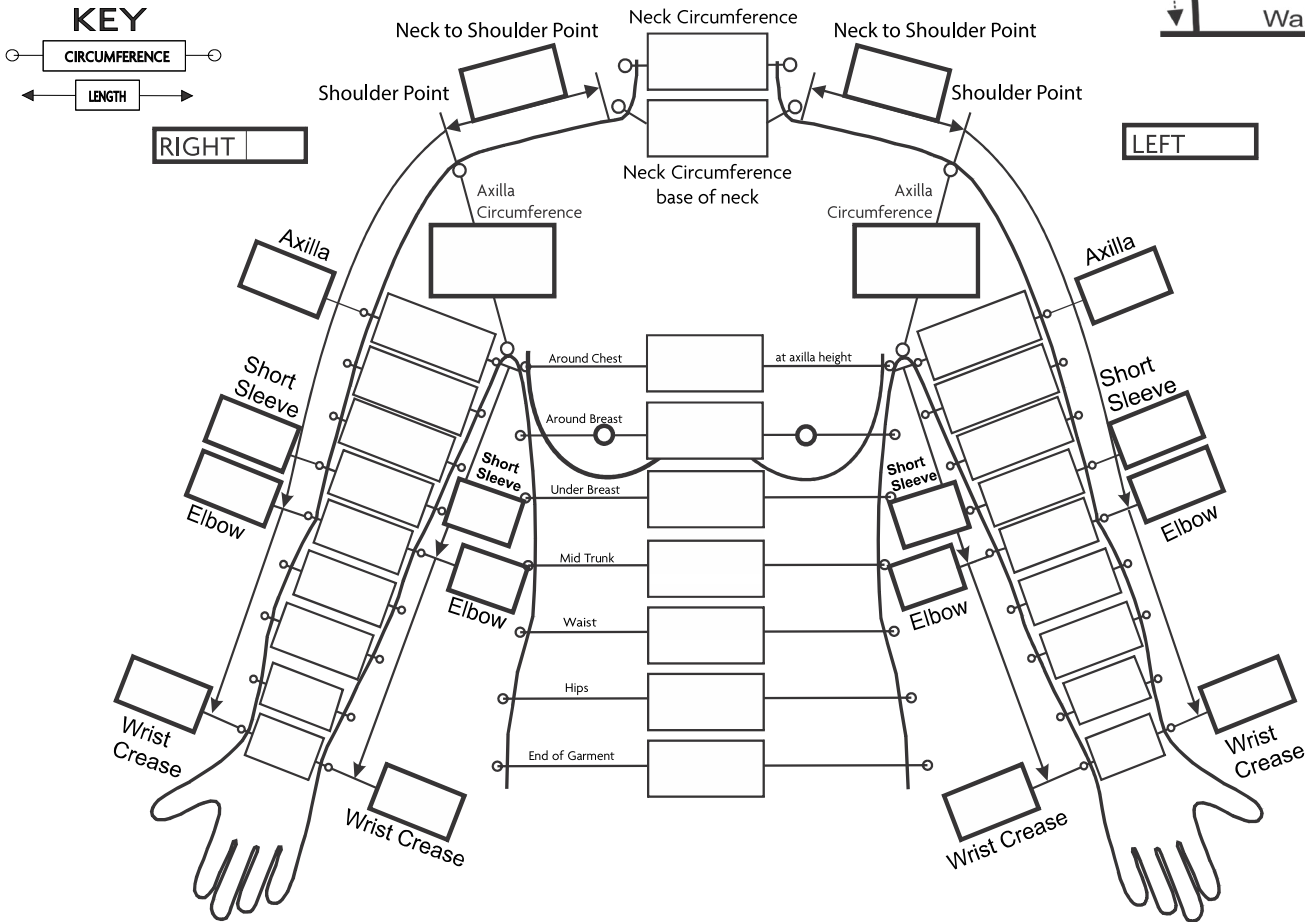
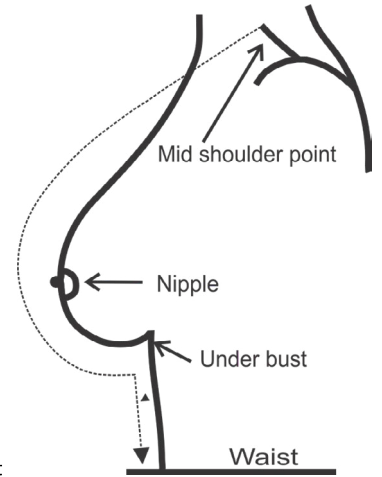
1. Nape drop (determines the depth of neckline)	
2. Nape to axilla level - LEFT	
3. Nape to axilla level - RIGHT	
4. Nape to waist	
5. Nape to end of vest (determines vest length)	
6. Armhole crease to armhole crease across chest	
7. Shoulder point to shoulder point	




**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	

