

# Patient Record



**Therapist  
Support  
Laboratory**

PO Box 1022  
Collingwood, Victoria, 3066  
Tel: 03 9421 2880  
Fax: 03 9421 1335  
Website: [www.tsลาustralia.com.au](http://www.tsลาustralia.com.au)  
Email: [tsl@tsลาustralia.com.au](mailto:tsl@tsลาustralia.com.au)

**Date** \_\_\_\_\_

## Patient Details

M  F

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_

Diagnosis \_\_\_\_\_ DOB \_\_\_\_\_

## Payment Details

Hospital \_\_\_\_\_ Order No. \_\_\_\_\_

Dr/Surgeon \_\_\_\_\_ OT/Physio \_\_\_\_\_

## Private

Credit Card  
Name on Card \_\_\_\_\_

No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

## Insurance Details

Insurance Company \_\_\_\_\_

Claim No. \_\_\_\_\_

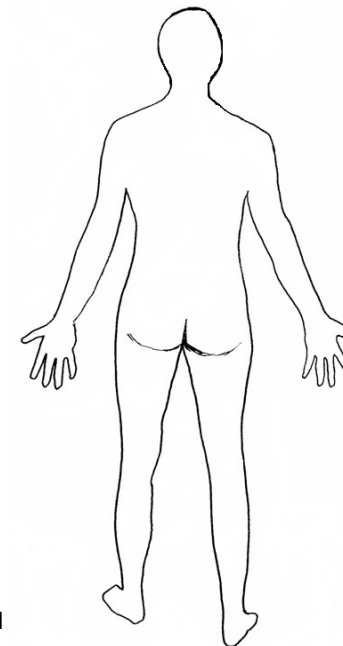
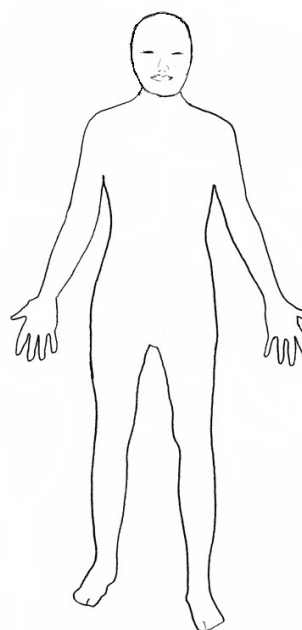
Case Manager \_\_\_\_\_

Contact No. \_\_\_\_\_

Contact Email \_\_\_\_\_

Employers Name \_\_\_\_\_

Date of Injury \_\_\_\_\_



For burn patients  
**ONLY**  
indicate areas  
affected by burn and  
skin grafts

## Additional Comments

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

## Delivery Address

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

# FOOT MEASUREMENTS TOE/JAPANESE FOOT GLOVE - 5C



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Website: www.tsaustralia.com.au  
Email: tsl@tsaustralia.com.au

### Knee End

Left	Centimetres	Right
	16	
	12	
	8	
	4	
	<b>Heel</b>	
	-4	
	-8	
	-12	
	-16	
Left	Centimetres	Right

A hand/Foot Outline Form showing full toe length's and web heights is required for each foot. Indicate open tip length if required.

Class 1

Class 2

Patient Name \_\_\_\_\_

OT/Physio name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date \_\_\_\_\_

**M**  **F** **Age** \_\_\_\_\_

### Foot End

Garment Descriptions	Qty Left	Qty Right	Item No
Toe glove open tip			5014
Toe glove closed tip			5015
Japanese toe glove open/Closed tip			5016
Toe Glove to Mid-Foot			5014MF
Slants			6009
Lining heel <input type="checkbox"/> Reinforced heel <input type="checkbox"/>			6005
Lining dorsum of ankle			6007
Zipper under 25cm (show position)			6010
Zipper over 25cm (show position)			6011
Padding/Lining under zipper < 25cm			6010L
Padding/Lining under zipper > 25cm			6011L
Lining (show position)			6001
Velcro tabs (show position)			6012
Silon Tex Lining (show position)			60241
Diamond Shape Contracture			6038

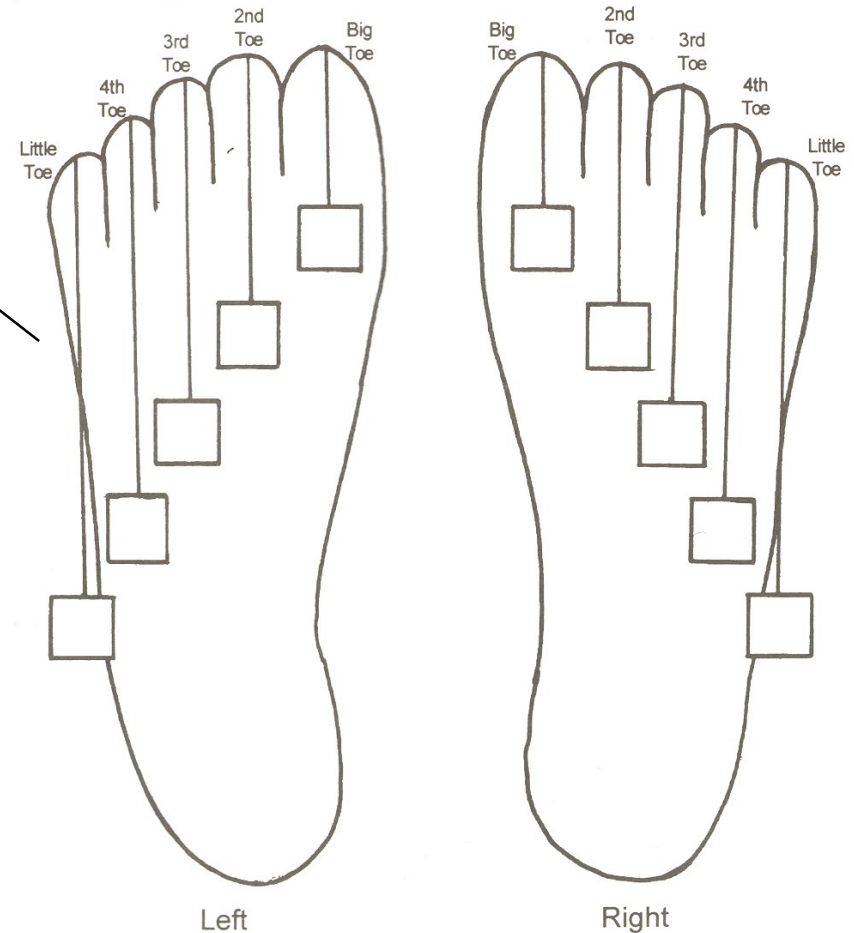
Place toe I.P. circumferences in the boxes provided in foot diagrams



5015 Toe Glove Closed Tip  
5017 Japanese Toe Glove Closed Tip



5014MF Toe Glove to Mid-Foot



Left

Right