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CUSTOM CARPAL SUPPORT ORDER FORM 2019

For Veterinary/Therapy Professional Use Only Please TAB to each field to enter information



CLINIC INFORMATION DATE Vet/Therapist Name: ___ Email: ___ Phone: Clinic Name and Postal Address : ___ **OUOTE and PAYMENT and POSTING INFORMATION (please read carefully)** Upon receipt of this form we will assess the pet's requirements and provide a quote within 2 working days. If you do not receive this please contact as we may not have received the form. The product will be fabricated upon receipt of payment - allow 5 working days after payment for product to be posted via tracked special delivery. We accept payment via BANK TRANSFER only. There are no refunds on these custom orders. <u>PATIENT INFORMATION</u> Is this a repeat order for the same device? Yes __ No __ Pet's name:_____ dog __ cat __ other __ Age (REQUIRED): ____ Weight (REQUIRED): __ Breed (REQUIRED): ____ PHOTOS and VIDEO gratefully received in order to better the custom order. Injury/condition affecting the carpus: __ __ acute/traumatic __ chronic __ progressive __ degenerative __ not sure congenital Type of instability (check all that apply): __ hyperextension __ palmigrade __ medial laxity __ lateral laxity valgus varus flexion contracture oedema other If condition is a deformity/deviation, can it be passively manually corrected: __ yes __ no __ somewhat Other medical issues: ____ FABRICATION – Photographs are much appreciated to help design Custom Carpal Support needed for which limb: __ right fore __ left fore __ both Type of support needed (check one): __ Light (e.g., light fabric, narrow straps, thin padding) ___ Moderate (e.g., medium-weight fabric, wider straps) __ Heavy (e.g., heavy fabric, additional straps, thick padding)

Rate degree of movement desired at carpa	•	7 0	0	40
12345 mo	67 oderate stability	78	9	10 *complete immobilization
*for complete immobilization, thermoplastic sp FABRICATION - continued	olinting material is re	quired to mold	d over carp	al support
Are you going to fabricate a thermoplastic	splint over the car	palsupport?	yes	no not sure
If "yes", over what aspect(s) of the limb are	e you splinting <i>(che</i>	eck all that ap	oply)?	
	medial		not sure	
OTHER REQUESTED MATERIALS (check a	all that apply) – the	e may be an	added cos	st for these items:
thermoplastic sheet - includes 1 thermopla			•	•
nylon support strap(s) - for additional supp	ort or to inhibit move	ment (can be	applied/rei	moved as needed)
Padding (this refers to the inner padding mate		•	•	• .
<pre> self-adhesive foam - lightweight, water re sheepskin - for long-term wear (6+ hours</pre>			eded when	soiled or flattened
(highly recommended for toy b	preeds and cats, thin	-haired pets, a		
neoprene - for use in water, UWTM, free completes water activity				•
Support may be warran	-	•	. ,	
no padding In what activities will the pet be engaged w	hile wearing the Ca	arpal Support	t?	
How many hours per day will the pet be we	earing the Carpal S	upport?		
MEASUREMENTS Measurements to be taken in Centin	notros ls (he limb shav	rad: Var	s No
Measurements are taken while pet is				
Measi	ure <u>ONLY</u> the limb	reauirina Cus	stom Carp	al Support
A (circumference of limb just above paw)	Right	. •		
B (circumference at mid meta-carpal)	Right	Lef	t	
C (circumference at carpal joint)	Righ	tLef	t	H
D (circumference just above carpal joint)	Righ	tLet	ft	
E (circumference at mid-radius/ulnar)	Righ	tLe	ft	
F (palmar height - main footpad to accessory page	d)Right	Lef	t	G
G (caudal height - accessory pad to mid-radius/ul	na E)Righ	tLef	t	
H (caudal height - accessory pad to point of elbo	w)Right	Left	. /	
If there is a wound or abrasion on the limb	please indicate its	location		R
by description/marking diagram -→				

Please email to TheraPaw-UK@ClassicPhysiotherapy.co.uk
We will contact you within 2 business days of receipt of this order.
If you do not hear from us, contact us at 07767455168 or resend your order, as we did not receive it.