



## CUSTOM CARPAL SUPPORT ORDER FORM 2019

*For Veterinary/Therapy Professional Use Only*

Please TAB to each field to enter information

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### CLINIC INFORMATION

DATE \_\_\_\_\_

Vet/Therapist Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Clinic Name and Postal Address : \_\_\_\_\_

### QUOTE 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.

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### PATIENT INFORMATION

Is this a repeat order for the same device? Yes \_\_\_ No \_\_\_

Pet's name: \_\_\_\_\_ Last name: \_\_\_\_\_ dog \_\_\_ cat \_\_\_ other \_\_\_

Breed (REQUIRED): \_\_\_\_\_ Age (REQUIRED): \_\_\_\_\_ Weight (REQUIRED): \_\_\_\_\_

PHOTOS and VIDEO gratefully received in order to better the custom order.

Affected limb(s): \_\_\_ right fore \_\_\_ left fore Date of injury/Onset of Symptoms: \_\_\_\_\_

Injury/condition affecting the carpus: \_\_\_\_\_

\_\_\_ congenital \_\_\_ acute/traumatic \_\_\_ chronic \_\_\_ progressive \_\_\_ degenerative \_\_\_ not sure

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)

\_\_\_1\_\_\_ \_\_\_2\_\_\_ \_\_\_3\_\_\_ \_\_\_4\_\_\_ \_\_\_5\_\_\_ \_\_\_6\_\_\_ \_\_\_7\_\_\_ \_\_\_8\_\_\_ \_\_\_9\_\_\_ \_\_\_10\_\_\_  
almost complete mobility moderate stability \*complete immobilization

### **FABRICATION - continued**

\_\_\_cranial      \_\_\_caudal      \_\_\_medial      \_\_\_lateral      \_\_\_not sure

A diagram of a horse's lower leg, showing the hoof, fetlock, and cannon bone. Eight points are labeled with letters in black boxes: A (hoof), B (fetlock), C (cannon bone), D (cannon bone), E (cannon bone), F (cannon bone), G (cannon bone), and H (cannon bone). Arrows indicate the direction of movement or force at these points.

## Custom Carpal Support Order Form