



CUSTOM CARPAL SUPPORT ORDER FORM 2021

For Veterinary/Physical Therapy Professional Use Only

Must be completed by a veterinary professional. Not to be given to pet owner.

Thera-Paw, Inc.
therapaw.com
908-439-9139 (ph)

CLINIC INFORMATION

DATE ____/____/____

Vet/Therapist First Name: _____

Last Name: _____

Email: _____

Phone: _____ - _____ - _____

Clinic Name: _____

Clinic Address: _____

BILLING INFORMATION (Please read carefully)

There are no refunds on custom orders

- We accept payment from the veterinary clinic/professional that places this order OR pet owner.
- Pet owners are charged retail price (usually 30%-40% above veterinary price).
- Regardless of billing information, this product will be shipped to the veterinary facility.

Payment information below is for the: Clinic/Veterinary Professional OR Pet Owner

Is the billing information already on file with us? Yes No

Do you want us to keep this billing information on file for future orders? Yes No

Do you want us to wait for you to approve cost before we start fabrication? Yes No

Preferred Ship Method (we ship using US Postal Service): Standard Priority Express

If submitting your order form via e-mail, we recommend that you call us with billing information rather than filling out the information below (for security purposes, call us @ 908-439-9139).

Credit Card # (MC, Visa, Amex) _____

Expiration Date (month & year) _____ security code _____

Billing Zip Code (if different from above) _____

Name on Credit Card (if different from above): _____

PATIENT INFORMATION Is this a repeat order for the same device? YES NO

Pet's name: _____ Last name: _____ canine feline M F

Breed (REQUIRED): _____ Age (REQUIRED): _____ Weight (REQUIRED): _____

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

Describe condition (*check all that apply*): hyperextension palmigrade medial laxity lateral laxity

valgus deformity varus deformity flexion contracture edema other: _____

IF Condition is a deformity/deviation, can it be passively manually corrected: yes no somewhat

Other medical issues: _____

FABRICATION

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)

FABRICATION - continued

Rate degree of movement or stability desired at carpal joint:

- 1 almost complete mobility 2 3 4 5 moderate stability 6 7 8 9 complete immobilization 10

**for complete immobilization, thermoplastic splinting material is required to mold over carpal support*

Are you going to fabricate a thermoplastic splint over the carpal support? yes no not sure

If "yes", over what aspect(s) of the limb are you splinting (check all that apply)?

- cranial caudal medial lateral not sure

OTHER REQUESTED MATERIALS (check all that apply) – there may be an added cost for these items:

- thermoplastic sheet - *includes 1 thermoplastic sheet, self-adhesive Velcro hook, splinting instructions*
 nylon support strap(s) - *for additional support or to inhibit movement (can be applied/removed as needed)*

Padding (this refers to the inner padding material in direct contact with the pet's limb - please select style)

- self-adhesive foam - *lightweight, water resistant, should be replaced as needed when matted or soiled*
 double layer foam - *two layers of the above foam for increased comfort and protection*
 sheepskin - *long-term wear (6+ continuous hours); recommend for delicate skin, thin-coated/shaved limb*
 shearling (thin sheepskin) - *long-term wear (6+ continuous hours) recommended for toy breeds & cats*
 neoprene - *for use in water, UWTM, free swim and play, etc. (Carpal Support should be removed when pet finishes water activity and dried completely before reapplying; an additional Carpal Support may be warranted for land-based activities)*
 no padding other/notes: _____

In what activities will the pet be engaged while wearing the Carpal Support (check all that apply)?

- daily mild-mod exercise hiking/hunting/heavy work water therapy/sports other: _____

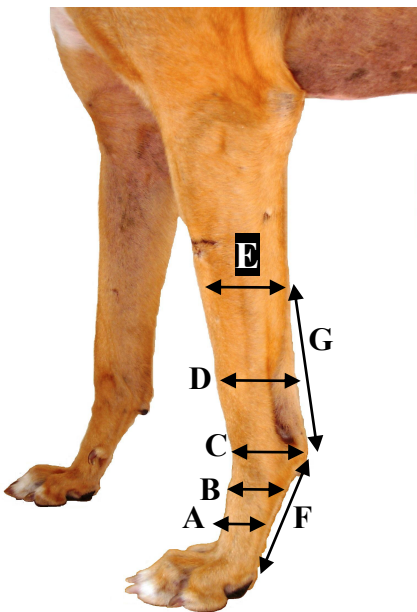
How many hours per day will the pet be wearing the Carpal Support? _____

MEASUREMENTS

Measurements are taken in: CM IN **Is the limb shaved:** Yes No

Measurements are taken while pet is: standing, weight bearing lying down

Measure ONLY the limb requiring Custom Carpal Support



- A (circumference of limb just above paw) _____ Right _____ Left
 B (circumference at mid meta-carpal) _____ Right _____ Left
 C (circumference at carpal joint) _____ Right _____ Left
 D (circumference just above carpal joint) _____ Right _____ Left
 E (circumference at mid-radius/ulna) _____ Right _____ Left
 F (palmar height - main footpad to accessory pad) _____ Right _____ Left
 G (caudal height - accessory pad to mid-radius/ulna) _____ Right _____ Left

**If there is a fixed/permanent valgus/varus deformity, what joint angle would you like the Carpal Support to have? (please use goniometer): _____° Right _____° Left*

If there is a wound or abrasion on the limb please indicate its location on the diagram to the left.

FAX OR E-MAIL THIS COMPLETED ORDER FORM TO US AT: 908-439-9239 OR orders@therapaw.com

We will contact you within 2 business days of receipt of this order.

If you do not hear from us, contact us at 908-439-9139 or resend your order, as we did not receive it.