



Scandi
orthopedic

Date ____ | ____ | ____

Evaluation and Referral Form

Owner/patientno.

Tel.

Address

E-mail

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.....

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Patient

Dog

Cat

Female

Male

Breed

Age

Weight

Diagnosis

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.....

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Referring Veterinarian

Tel.

Clinic

E-mail

.....
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.....
.....

Fax

VAT-number

.....

Vet checklist

1. Evaluation form completed by vet/physiotherapist
2. Picture of the patient and the bodypart in question Attached Sent by E-mail
3. That the casting is made in the appropriate loading position, unless medical obstacles opposes it. If so, please fill out the information in the comment field below
4. Insurance companies are contacted for treatment and cost and the owner is informed.
5. Measurement form is completed and the joints in question are marked

Current information and comments about the accessibility tool

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Abbreviation of the accessibility tools

ART	Articulating	MCP	Metacarpophalangeal	TAR	Tarsal
RIG	Rigid	MTP	Metatarsophalangeal	R	Right
HYE	Hyperextension	CRM	Controlled range of motion	L	Left
HYF	Hyperflexion	CAR	Carpal		

Mark the accessibility tool in question:

Front leg L R

CAR			
ART	RIG	CRM	HYE

MCP		
ART	CRM	RIG

Rear leg L R

TAR				
ART	RIG	CRM	HYE	HYF

MTP		
ART	CRM	RIG

1. Shall the orthosis be worn around the clock (dubble polstring) Yes No
2. Shall the paw be included in the accessibility tool Yes No
3. If so, is the load in the desired position? Yes No
4. In case CRM in the hock or carpal movement restriction or stop band
5. When CRM in the MTP or MCP movement restriction or stop band
6. Specify, in degrees, the desired range of motion TAR/CAR + MTP/MCP:

-
7. Has the dog got spur still? Yes No
 8. Was the animal shaved on the body part in question Yes No

Space for drawing the paw in loaded mode - Only if included in the accessibility tool

Left	Right
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Veterinarian Signature:



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