



**Scandi**  
orthopedic

Date \_\_\_\_ | \_\_\_\_ | \_\_\_\_

## Evaluation and Referral Form

Owner/patientno.

Tel.

Address

E-mail

Patient

Dog

Cat

Female

Male

Breed

Age

Weight

Diagnosis

Referring Veterinarian

Tel.

Clinic

E-mail

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 orthosis

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# Abbreviations of the orthosis terms

ART	Articulated	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 orthosis in question:

Front leg L R

Rear leg L R

CAR			
ART	RIG	CRM	HYE

TAR				
ART	RIG	CRM	HYE	HYF

MCP			
ART	CRM	RIG	SHOE

MTP			
ART	CRM	RIG	SHOE

1. Is the orthosis going to be worn around the clock (double padding)?  Yes  No
2. Shall the paw be included in the orthosis?  Yes  No
3. If so, is the load in the desired position?  Yes  No
4. In case CRM in the tarsal 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 still got the dewspur?  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 orthosis

Left	Right
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Veterinarian Signature: .....



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