



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

## Evaluation and Referral Form

Owner / patient no.

Telephone

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Patient

E-mail

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Breed

Age

Weight

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Diagnosis

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Referring Veterinarian

Telephone

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Clinic

E-mail

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Diagnosis 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		

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Will the orthosis be worn 24/7 (double padding)?  Yes  No
2. Shall the orthosis have a paw part?  Yes  No
3. If so, is the load in the desired position?  Yes  No
4. In case CRM in the tarsal or carpal  motion restriction or  stop band
5. When CRM in the MTP or MCP  motion restriction or  stop band
  - Yes  No