



**CARPAL SUPPORT ORDER FORM**  
42580 Magellan Square, Ashburn, VA 20148  
703-715-0333  
cell: 703-980-3560  
fax: 703-738-7434

**Clinic/Owner Name:** \_\_\_\_\_  
Attn: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State/Country: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
**E-mail:** (for order confirmation) \_\_\_\_\_  
**Clinic Credit Card #:** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_  
Signature: \_\_\_\_\_

**DOG'S NAME** (first and last): \_\_\_\_\_  
**Dog Breed:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Diagnosis:** \_\_\_\_\_

**DOG'S HEALTH:** \_\_\_\_\_ Cushing's Disease \_\_\_\_\_ Addison's Disease  
\_\_\_\_\_ Compromised Auto-Immune System  
\_\_\_\_\_ Severe skin allergies \_\_\_\_\_ Long-term Prednisone therapy

**MEASUREMENTS (print clearly)** \_\_\_\_\_ **Centimeters** \_\_\_\_\_ **Inches**  
**LEFT** \_\_\_\_\_ **RIGHT** \_\_\_\_\_

**Standard Carpal Support:** *Yes to any of the above health conditions will require a lined support. Deformities or abnormalities may require casting and custom support.*

Dew Claw: **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

- Size: \_\_\_\_\_ 1.) Measure around leg at middle of carpus.  
\_\_\_\_\_ 2.) Measure from middle of carpus to top of paw  
\_\_\_\_\_ 3.) Measure from middle of carpus to point of elbow  
\_\_\_\_\_ \* 4.) If taller device is desired, measure from mid carpus to top of desired support  
\_\_\_\_\_ \*5.) Measure around leg at top of support (for taller support only)

Extra Stabilization Straps for increased support **YES** \_\_\_\_\_ **NO** \_\_\_\_\_  
Carpal Support will be used with External Splinting **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**NOTES:**