



**CARPAL SUPPORT ORDER FORM**

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**Clinic/Owner Name:** \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Country: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

**E-mail:** (for order confirmation) \_\_\_\_\_

**Clinic Credit Card #:** \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-digit security code (required): \_\_\_\_\_

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:**