PROSTHESIS ORDER FORM

Veterinarian: _____ Patient Name: _____

Weight (kg): _____ Limb: ☐ Left ☐ Right ☐ Both

Diagnosis / Indication: _____

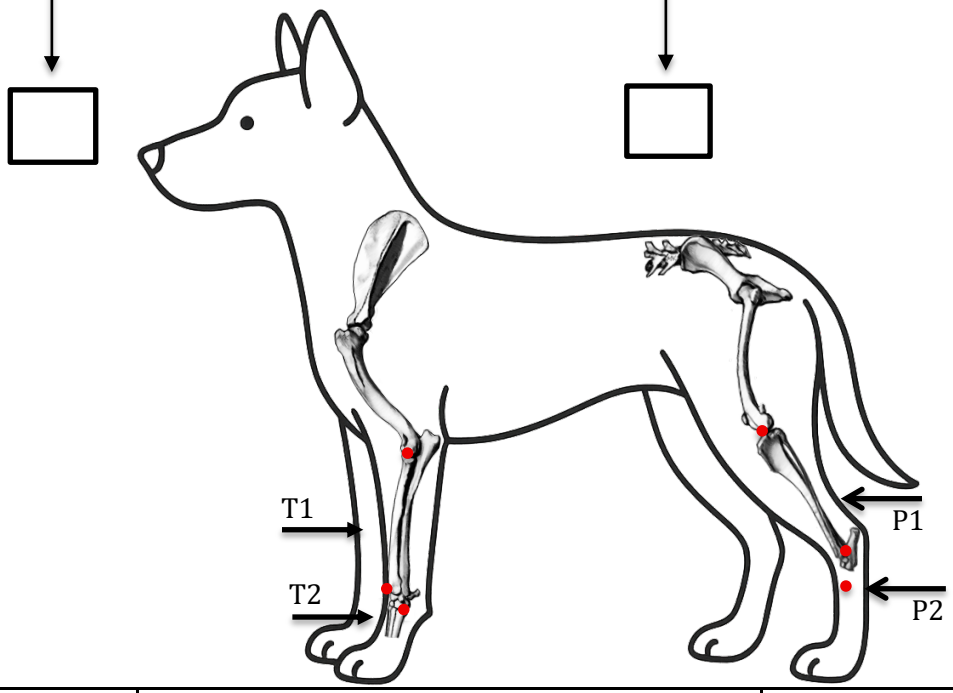
Select your device style by placing a check mark in the box next to the device style below.

Select this device for:

Thoracic Limb Prosthesis

Select this device for

Pelvic Limb Prosthesis



Measure ID	Description	Select Patient Amp Level
T1	Below elbow (Antebrachial Amputation Level)	
T2	Below Carpus (Manus Amputation Level)	
P1	Below Stifle (Trans Tibial Amputation)	
P2	Below Tarsus (Retained Calcaneus)	

Notes & Special Request: