TARSUS ORTHOSIS 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:

Caudal Non-Articulating Tarsus with Paw

☐

Select this device for:

Cranial Articulating Tarsus with Paw

☐

Select this device for:

Caudal Motion Limited Articulating Tarsus with Paw

☐

Salvage, Full Support	Medial/Lateral & Hyper Extension	Achilles Recovery, Joint Control
Includes: • Articulating Paw • ML Paw Dacron	Includes: • ML Tarsus Dacron (Extension) • Articulating Paw • M/L Paw Dacron	Includes: • ML Component Tarsus (Flexion) • Articulating Paw • M/L Paw Dacron

Paw Details	
Paw Correctable to Normal: YES / NO	If No: Assemble to: _____ Include Internal Paw Pad Pedestal: YES / NO

Notes & Special Request: