



2600 S Raney Effingham, IL 62401
 PHONE: **800-879-0117**
 FAX: **217-347-3384**
 www.jointactivesystems.com
 orders@jointactivesystems.com

THE ROM SPECIALISTS®

SHOULDER DEVICE

MEASUREMENT FORM

(MUST BE SUBMITTED WITH PATIENT INFORMATION FORM)

DATE: ___ / ___ / ___

PATIENT NAME _____ Spanish Instructions Required:

JAS SALES REPRESENTATIVE _____

MEASUREMENTS TAKEN BY

Step 1: Select Product Line	Step 2: Select Side
<input type="checkbox"/> JAS SPS (Rental) <input type="checkbox"/> JAS EZ (Purchase) <input type="checkbox"/> JAS Dynamic (Rental)	<input type="checkbox"/> Left <input type="checkbox"/> Right

Step 3: Patient Information

Height _____ Weight _____

Please note any anomalies (i.e.; sensitive tissue, ex fix, amputation) that could affect fitting in the space below.

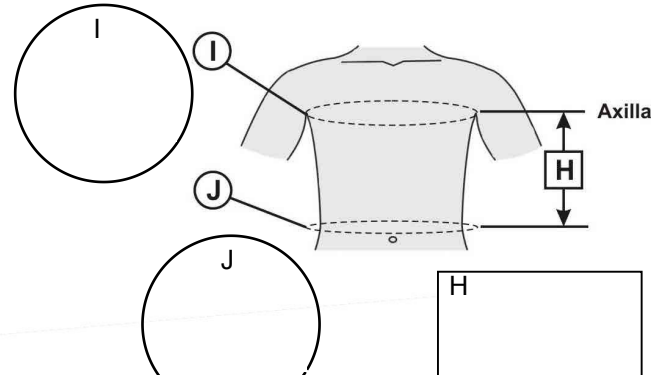
Send completed form to orders@jointactivesystems.com

Measurements Inches / Centimeters

CLINIC NAME

Step 4: Choose Model	Step 5: Take Measurements <small>(Refer to Measurement Guide)</small>
<input type="checkbox"/> Body Cuff (Mobile, ambulatory use) <input type="checkbox"/> Floor Stand (Non-mobile, stationary use) <i>Body Cuff model is standard. Floor Stand is available by special order only.</i>	A, B, C, D, E, F, G, H, I, J (See Note 1)

~ **Note 1:** Elbow flexed to 90°



Measurement Guide

