

PATIENT NAME _____ Spanish Instructions Required:

JAS Sales Representative _____

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

Step 3: Patient Information

Height _____ Weight _____

Step 4: Choose Orthosis	Step 5: Take Measurements (Refer to Measurement Guide)
<input type="checkbox"/> Rental Knee <input type="checkbox"/> Extension Only	A, B, C, D, E, F (See Note 1)
<input type="checkbox"/> EZ Knee (Extension)	A, B, C, D, E, F (See Note 1)
<input type="checkbox"/> EZ Knee (Flexion)	A, B, C, D, E, F (See Note 1)
<input type="checkbox"/> Ankle	C, D, F, G
<input type="checkbox"/> Toe	G, H

Step 6: Record Measurements (in inches) Below

_____ (A) Circumference: 1 1/2" below Groin

_____ (B) Circumference: 4" above Knee Center

_____ (C) Circumference: Largest Point of Calf

_____ (D) Circumference: 2 1/2" above Medial Malleolus

_____ (E) Length: Groin to Knee Center

_____ (F) Length: Knee Center to Medial Malleolus

_____ (G) Length: Foot Length

_____ (H) Specify Affected Toe

Note 1: Patient in sitting position

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

Measurement Guide

