

PATIENT NAME _____ Spanish Instructions Required:

JAS Sales Representative _____

Step 1: Select Product Line

JAS Rental (Durable)

JAS EZ (Purchase)

Step 2: Select Side

Left

Right

Step 3: Choose Orthosis

Durable Knee

EZ Knee (Extension)

EZ Knee (Flexion)

Ankle

Toe

Step 4: Take Measurements
(Refer to Measurement Guide)

A, B, C, D, E, F (See Note 1)

A, B, C, D, E, F (See Note 1)

A, B, C, D, E, F (See Note 1)

C, D, F, G

G, H

Step 5: 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

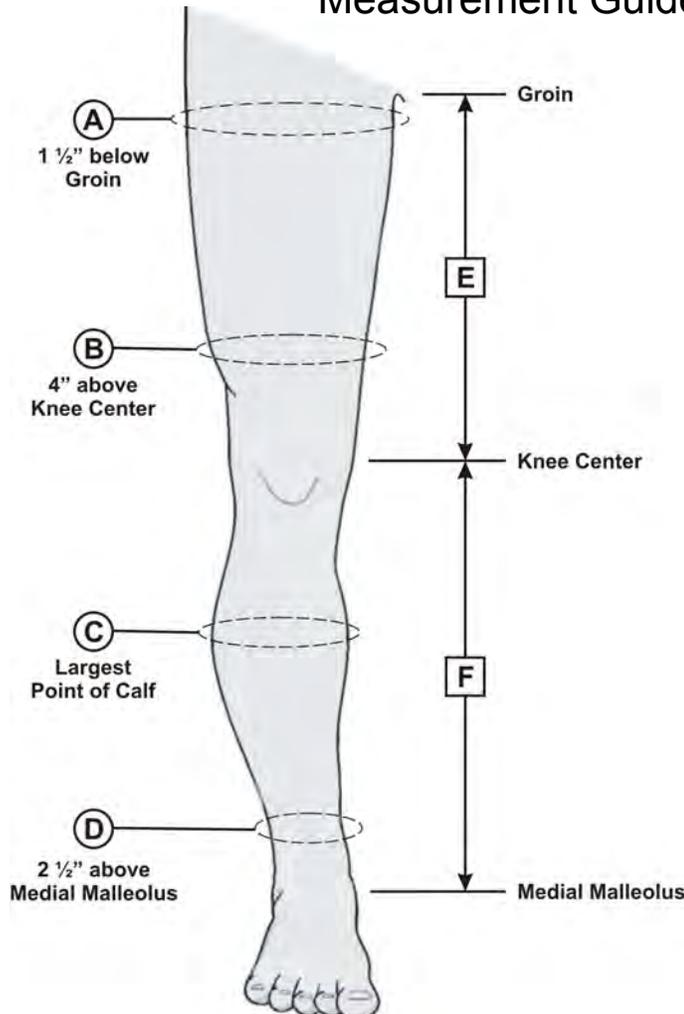
_____ (F) Length: Knee Center to Medial Malleolus

_____ (G) Length: Foot Length

_____ H Specify Affected Toe

Note 1: Patient in sitting position

Measurement Guide



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