

Joint Active Systems, Inc 2600 South Raney Street

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Order Date: _____

International Order Form					
Patient Information					
Patient's Name:		Date of	Birth:		
Address 1:					
Address 2:					
City:	State/Provence:	Posta	Code:		
Country:	Phone:	Email:			
Parent or Legal Guardian name if the patient is a minor:					
Shipping Information					
Name:					
Address 1:					
Address 2:					
Address 3:					
City:	State/Provence:	Posta	al Code:		
Country:	Phone:	Email:			
Device Information					
Device Type - GL or JAS A	dvance Device:				
Body Part and Direction:					
Example: Elbow / Extension	l .		Side:	Left	Right
NOTE: GL Devices - Measurements JAS Advance Devices - Mea	-	ed.			
Return complete form(s) If you question call the int	-	-	ms.com	ו	