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# OPTIONAL WRIST HAND PLATE MEASUREMENT FORM

DATE: \_\_\_ / \_\_\_ / \_\_\_\_

PATIENT NAME \_\_\_\_\_ Spanish Instructions Required

JAS SALES REPRESENTATIVE \_\_\_\_\_

MEASUREMENTS TAKEN BY \_\_\_\_\_

CLINIC NAME \_\_\_\_\_

Choose Hand Plate		Reference: JAS Optional Hand Plate for Wrist Devices Sheet
<input type="checkbox"/> Antispasticity	<input type="checkbox"/> Handlebar Grip	<p>Please Note below, any anomalies (i.e.: sensitive tissue, ex fix) that could affect the fitting.</p> <hr/> <hr/> <hr/>
<input type="checkbox"/> C-Shaped	<input type="checkbox"/> Palmer Cup with Finger Separators	
<input type="checkbox"/> Flat	<input type="checkbox"/> Flat with Thumb Abduction	
<b>MEASUREMENTS</b> <input type="text"/> Inches <input type="text"/> Centimeters		

