THUASNE®

Rebel 3D

Contact Information

☐ Clinician   ☐ Fitter/Assistant/Tech   ☐ Other: _____

Name: _____

Email: _____   Phone: _____

Billing & Shipping

PO#: _____

Billing Account#: _____

Shipping Account#: _____

Shipping Preference   ☐ Ground   ☐ Next Day Air

Ordering Clinician

☐ CPO   ☐ CO   ☐ CP   ☐ Other: _____

Name: _____

Email: _____   Phone: _____

Shipping Address: _____

City: _____   State: _____   Zip: _____

Patient Information

Fit Date: _____   **Patient ID:** _____

Age _____   **Weight** _____ *(LBS)*   **Height** _____ *(IN)*

☐ **Male**   ☐ **Female**   **Leg:** ☐ Left   ☐ Right

Diagnosis: _____

☐ **Ligament** *U0037*   ☐ **OA** *U0038*
                              ☐ Medial compartment
                              ☐ Lateral compartment

Surgeries *(type/date):* _____

Measurements

ML Knee Center _____   **Circ Proximal** *(7")* _____

ML Proximal *(7")* _____   **Circ Distal** *(7")* _____

ML Distal *(7")* _____   **Varus/Valgus Correction**
                                         ☐ 3°   ☐ 4°   ☐ 5°

Options

Frame length

☐ Regular *(14")*   ☐ Short *(12")*   ☐ Ski *(13")*   ☐ Long *(16")*

Frame thickness

☐ 4mm   ☐ 6mm   ☐ 8mm

Anterior thigh strap

☐ Yes   ☐ No

Extension limit

☐ None   ☐ 5°   ☐ 10°   ☐ 15°   ☐ 20°   ☐ 30°

Sleeves*

☐ 18" Cotton   ☐ 22" Neoprene
☐ 18" Neoprene
☐ C/S Wrap *(for compression and enhanced suspension)*

Color

☐ Natural   ☐ Black   ☐ Blue
☐ Red   ☐ Pink   ☐ Orange

Comments, Observations, and Requests:

_____

_____

_____

_____

_____

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