

Contact Information

Clinician Fitter/Assistant/Tech Other: _____
 Name: _____
 Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____
 Name: _____
 Email: _____ Phone: _____

Billing & Shipping

Billing Account#: _____
 Shipping Account#: _____

PO#:

Shipping Address: _____
 City: _____ State: _____ Zip: _____

Shipping Preference

Ground Next Day AM Next Day PM 2-Day AM 2-Day PM

(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.

Patient Information

Fit Date: _____ Patient ID: _____
 Age _____ Weight _____ (LBS) Height _____ (IN)
 Male Female Leg: Left Right
 Diagnosis: _____
 Surgeries (type/date): _____

Brace Configuration

Rebel Rebel Pro Rebel Lite
(only made in 13" length)

Thigh Shell Length 7" anterior 8" anterior

Tibia Shell Length 6" anterior 7" posterior
 7" anterior
 8" anterior

XXX-Large Size Available 14" & Anterior Tibia Shell Only

Strapping Options CS Package PCL Strap

Color

Matte Finish

Black (Standard) Grey White
 Atlantic (Light Blue) Red

Satin Finish

Lemon Orange Lime
 Fuchsia Pacific (Dark Blue)

Accessories

Flexion Stop Kit* (Extension stops included with all Rebels)
 Extension assist bands/posts*
 Quick release buckles
 Anti-migration silicon infused strap pads*
 Spooner patella stabilizing attachment*
 X-treme Guard (Patella Protector)*

Brace Cover* (Pull-on) S/M L/XL

Sleeves*

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

Sizing

If your patient has proportional leg sizing (see sizing reference, below) or if you are ordering a brace for stock inventory please select from the size options.

XS SM MD Large XL
 2XL *Pro model only* 3XL *Pro model only*

Sizing	6" above	M-L width	6" below
XS	12½" – 15½"	3" – 3½"	11" – 12½"
SM	15½" – 18½"	3½" – 4"	12¼" – 13¾"
MD	18½" – 21"	4" – 4½"	13¼" – 15"
LG	21" – 23½"	4½" – 5"	14¼" – 15¾"
XL	23½" – 25"	5" – 5½"	15" – 17"
2XL	25" – 28"	5½" – 6"	17" – 19"
3XL	28" – 31"	6" – 6½"	19" – 21"

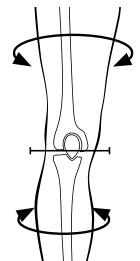
Measurement Data

These measurements are recommended to ensure accuracy of submitted order.

_____ Circumference 6 inches above mid-patella

_____ Medial-Lateral Knee Width (not circumference) at knee center

_____ Circumference 6 inches below mid-patella



Special Instructions: _____

*Indicates additional charges apply

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Received Date *Thuasne USA's shipping department use only*