

Contact Information

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

Ordering Clinician

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

Billing & Shipping

PO#:

Billing Account#: _____
 Shipping Account#: _____

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
 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

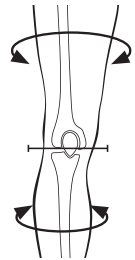
Sleeves*

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

Measurement Data

These measurements are to ensure accuracy of the custom-fit to three measurement model requested.

_____ 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