

Rebel Reliever - L1852

Osteoarthritis Bracing Solutions

Contact Information Clinician Fitter/Assistant/Tech Other:			Ordering Clinician CPO CO CP Other: Name:					
Email: Phone:			Email: Phone:					
•	ence 🗆 Groun		City:] Next Day F	PM	State: □ 2-Day AM not ship produ	Zip:	2-Day PM
Patient Information Fit Date:Patient ID: Age Weight(LBS) Height(IN) Omale Female Leg: Deft Right			Sleeves* I8" Cotton 18" Neoprene 22" Neoprene C/S Wrap (for compression and enhanced suspension)					
Surgeries (type/date): _			□ XS	□ sm	□ MD	🗆 LG	□ XL	□ XXL
Brace Configurat	tion		Sizing	6" abo	ove	M-L width	6"	pelow
Compartment Lateral Compartment Universal (select when ordering stock inventory) Medial OA pads installed, Lateral OA pads included in kit			XS SM	NOT AVAILABLE 15 ½" – 18 ½"		3" - 3 ½" 3 ½" - 4"	11" - 12 ½" 12 ¼" - 13 ¾"	
Thigh Shell Length Thigh shell extends 7" to 9" on all braces			MD LG	18 ½" – 21" 21" – 23 ½"		4" - 4½" 4½" - 5"	13 ¼" – 15" 14 ¼" – 15 ¾"	
Tibia Shell Length (please select only one)	☐ 6" anterior☐ 7" anterior☐ 8" anterior	☐ 7" posterior	XL XXL	23½" - 25" - 2		5" - 5½" 5½" - 6"		" – 17" ' – 19"
Strapping Options	CS Package	□ PCL Strap	These measurements are recommended to ensure accuracy of submitted order.					
Color Matte Finish Black (Standard) Atlantic (Light Blue) Satin Finish Lemon Fuchsia	□ Grey □ Red □ Orange □ Pacific (<i>Dark Blue</i>)	□ White □ Lime	 Circumference 6 inches above mid-patella Medial-Lateral Knee Width (not circumference) at knee center Circumference 6 inches below mid-patella 					
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* Brace Cover (Pull-on) S/M L/XL			Special In 	structions:				

*Indicates additional charges apply

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