

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____ Country: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground 2-Day P.M. 2-Day A.M. Next Day P.M. Next Day A.M.

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

Patient's Last Name: _____

Patient's First Name: _____

Male Female

Age _____ Height _____ Weight _____

Work/Activities:

- Activities of Daily Living
- Non-Contact Sports
- Contact Sports

Leg: Left Right

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

Model

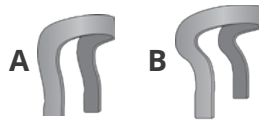
- | | | |
|-----------------------------------|-----------------------------------|---|
| Rebel | Rebel Pro | Rebel Lite <i>(only available in 13" length)</i> |
| <input type="checkbox"/> ACL | <input type="checkbox"/> ACL | <input type="checkbox"/> ACL |
| <input type="checkbox"/> Combined | <input type="checkbox"/> Combined | <input type="checkbox"/> Combined |

Thigh Shell Length 7 inch 8 inch

Tibia Shell Length 6 inch 7 inch 8 inch

Thigh Shell

- Standard Thigh (A)
- MC Thigh (B) *(Pro Model Only)*



Hinges - Includes extension stop kit

- Optional Flexion Stop Kit *
- Add optional extension assist bands/posts * *(Pro Model Only)*

Colors

- | | | |
|--|---|---|
| <input type="checkbox"/> Gloss Black | <input type="checkbox"/> Textured Black | <input type="checkbox"/> Bengal White |
| <input type="checkbox"/> Bengal Silver | <input type="checkbox"/> Bengal Yellow | <input type="checkbox"/> Sparkle Red |
| <input type="checkbox"/> Electric Blue | <input type="checkbox"/> Sky Blue | <input type="checkbox"/> Violet |
| <input type="checkbox"/> Argento Gray | <input type="checkbox"/> Candy Green | <input type="checkbox"/> Sparkle Copper |

CS Package* *(only available for Rebel Reliever)*

Semi-rigid padded inserts attached inside the thigh shell for dynamic compression and enhanced suspension

Spooner Patella Stabilizing Attachment*

Brace Cover*

- Posterior Closure: Black Blue
- Pull On

Undersleeves*

- 18" Cotton
- 18" Neoprene
- 22" Neoprene

Thigh Sleeves*

- 1/16 Comfort Thigh Sleeve

TMD MEASUREMENT DATA

Caliper Measurement of
M-L Width Of The Knee: _____ inches

Thigh Circumference At Proximal Band: _____ inches

Tibia Circumference At Distal Band: _____ inches

That Correlated With The
Varus/Valgus Angle of Tibia: _____

That Correlated With The
Varus/Valgus Angle of Thigh: _____

Was Leg At Full Extension?
 Yes **Or** Flexed At _____ Degrees

Special Instructions: _____

*Indicates additional charges apply

Please complete and fax this form to 800.798.2722 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 800.700.2722 between 6:00 a.m. and 4:00 p.m. (PST).

Thuasne USA

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www.ThuasneUSA.com

