

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 _____

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

Leg Left Right

Thigh Shell Length 7 Inch 8 Inch

Tibia Shell Length 6 Inch 7 Inch 8 Inch

TM5+ Hinges (Includes Extension Stops)

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

Standard Colors (In stock) Argento Gray Textured Black

Non-stock Colors (Brace may ship next business day)

- Bengal Silver Bengal Yellow Bengal White Violet
 Gloss Black Electric Blue Sky Blue Sparkle Copper
 Candy Green Sparkle Red

CS Package* (For dynamic compression and enhanced suspension)

Anti-Migration Silicon Infused Strap Pads*

Spooner Patella Stabilizing Attachment*

Brace Cover*

- Posterior Closure Style
 Pull On Style

Undersleeves*

- 18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

- 1/16 Comfort Thigh Sleeve

Size

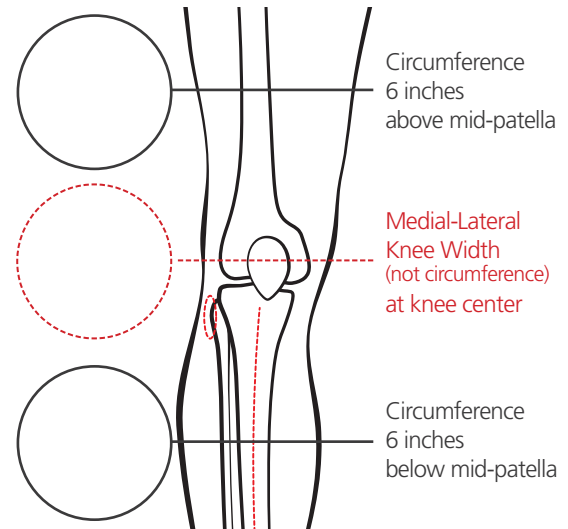
- X-Small Small Medium Large
 X-Large XX-Large (Pro model only)

Sizing Reference

	6" above	M-L width	6" below
X-Small	12.5" to 15.5"	3" to 3.5"	11" to 12.5"
Small	15.5" to 18.5"	3.5" to 4"	12.25" to 13.75"
Medium	18.5" to 21"	4" to 4.5"	13.25" to 15"
Large	21" to 23.5"	4.5" to 5"	14.25" to 15.75"
X-Large	23.5" to 25"	5" to 5.5"	15" to 17"
XX-Large	25" to 28"	5.5" to 6"	17" to 19"

3 Measurements: "Customized" Assembly (No Added Charge)

If your patient has proportional leg sizing (see sizing reference, above) or if you are ordering a brace for stock inventory please select from the size options. However, if you would prefer to have Townsend customize the assembly of your patient's brace at no addition charge please provide leg measurements beside the illustration, below.



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).

* Indicates additional charges apply

Thuasne USA

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www.ThuasneUSA.com

