

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Billing Address: _____ Shipping Address: _____

Shipping Preference

Ground

Next Day A.M.

Next Day P.M.

2-Day A.M.

2-Day P.M.

City: _____ City: _____

State _____ Zip _____ State: _____ Zip: _____

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

Patient Information

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

Male Female **Age** _____

Weight _____ (LBS) **Height** _____ (IN)

Leg: Left Right

Work/Activities:

Activities of Daily Living Contact Sports

Non-Contact Sports

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

Shell Length

Upper Shell	<input type="checkbox"/> 7 inch	
	<input type="checkbox"/> 8 inch	
Lower Shell	<input type="checkbox"/> 6 inch anterior	Posterior Band
	<input type="checkbox"/> 7 inch anterior	<input type="checkbox"/> 7 inch only
	<input type="checkbox"/> 8 inch anterior	

Color

Matte Finish

<input type="checkbox"/> Black (Standard)	<input type="checkbox"/> Grey	<input type="checkbox"/> White
<input type="checkbox"/> Atlantic (Light Blue)	<input type="checkbox"/> Red	

Satin Finish

<input type="checkbox"/> Lemon	<input type="checkbox"/> Orange	<input type="checkbox"/> Lime
<input type="checkbox"/> Fuchsia	<input type="checkbox"/> Pacific (Dark Blue)	

Options

Hinges Includes extension stop kit

Optional Flexion Stop Kit *

Quick release buckles*

Add optional extension assist bands/posts * *(Pro Model Only)*

CS Package*

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

Spoooner Patella Stabilizing Attachment*

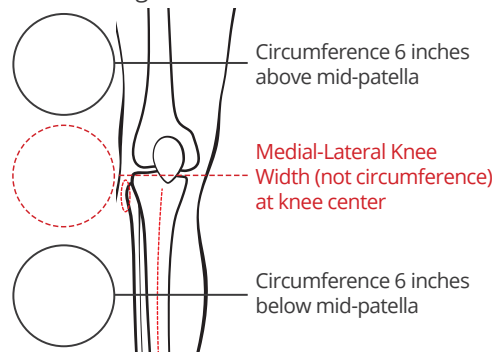
Brace Cover* (Pull-on) S/M L/XL

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

1/16 Comfort Thigh Sleeve



Measurement Data

(Only complete if using Townsend Measurement Device)

# That Correlated With The Varus/Valgus Angle of Tibia: _____	# That Correlated With The Varus/Valgus Angle of Thigh: _____
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Was Leg At Full Extension? Yes **Or** Flexed At ____ Degrees

Special Instructions: _____

*Indicates additional charges apply