



Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

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

Shipping Preference

- ☐ Ground
☐ Next Day A.M.
☐ Next Day P.M.
☐ 2-Day A.M.
☐ 2-Day P.M.

Billing Address: _____ Shipping Address: _____

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

Brace Configuration

☐ Rebel ☐ Rebel Pro ☐ Rebel Lite
(only available in 13" length)
Thigh Shell Length ☐ 7 Inch ☐ 8 InchTibia Shell Length ☐ 6 Inch ☐ 7 Inch ☐ 8 InchCalf Shell Length (Posterior Band) ☐ 7 Inch

XXX-Large Size Available 14" & Anterior Tibia Shell Only

Strapping Options (Select one)

☐ 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* (Pro model only)
☐ Quick release buckles*
☐ Anti-migration silicon infused strap pads*
☐ Spooner patella stabilizing attachment*

Brace Cover* (Pull-on) ☐ S/M ☐ L/XLUndersleeves* ☐ 18" Cotton ☐ 18" Neo ☐ 22" Neo☐ Comfort Thigh Sleeve*

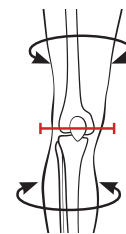
Measurement Data

1. These measurements are required to check the accuracy of the patient model submitted, a patient model must be provided for fabrication (cast or scan).

_____ Circumference 6 inches
above mid-patella

_____ Medial-Lateral Knee Width
(not circumference) at knee center

_____ Circumference 6 inches
below mid-patella



Special Instructions: _____