

**Account Contact Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing and Shipping**

PO# \_\_\_\_\_ Billing Account #: \_\_\_\_\_ Shipping Account #: \_\_\_\_\_

<b>Shipping Preference</b>	Billing Address: _____	Shipping Address: _____
<input type="checkbox"/> Ground <input type="checkbox"/> Next Day A.M. <input type="checkbox"/> Next Day P.M. <input type="checkbox"/> 2-Day A.M. <input type="checkbox"/> 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

**Brace Configuration**

**Compartment**

Medial Compartment  Lateral Compartment

**Thigh Shell Length**  7 Inch  8 Inch

**Tibia Shell Length**  7 Inch  8 Inch

**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)  
 Anti-migration silicon infused strap pads\*

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

**Undersleeves\***  18" Cotton  18" Neo  22" Neo

Comfort Thigh Sleeve\*

**Sizing**

X-Small  Small  Medium  
 Large  X-Large  XX-Large

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"

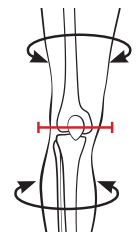
**Measurement Data**

**Required for "custom-fitted" Assembly\***

Custom-fitted (Fabricated from three leg measurements)\*

*If your patient has a disproportionate leg, Thuasne USA will customize the assembly of your patient's brace. Please provide leg measurements beside the illustration, below.*

- \_\_\_\_\_ Circumference 6 inches above mid-patella
- \_\_\_\_\_ **Medial-Lateral Knee Width (not circumference) at knee center**
- \_\_\_\_\_ Circumference 6 inches below mid-patella



**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Indicates additional charges apply