

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" anterior 8" anterior

Tibia Shell Length 6" anterior 7" anterior
 8" anterior 7" posterior

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/XL

Undersleeves* 18" Cotton 18" Neo 22" Neo

Comfort Thigh Sleeve*

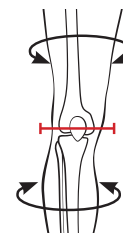
Measurement Data

¹These 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: _____

*Indicates additional charges apply