

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

Compartment

Medial Compartment Lateral Compartment

Thigh Shell Length *Thigh shell extends 7" to 9" on all braces*

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

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*
- 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*

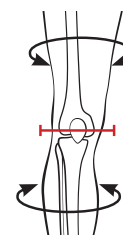
Measurement Data

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