

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

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

Billing Address: _____ Shipping Address: _____

City: _____ City: _____

State _____ Zip _____ State: _____ Zip: _____

Shipping Preference

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

(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 (select when ordering stock inventory)
- Lateral Compartment Medial OA pads installed, Lateral OA pads included in kit
- Universal

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*

Sizing

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

Sizing Reference

	6" above	M-L width	6" below
X-Small	NOT AVAILABLE	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*

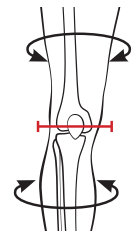
Custom-fitted *(Fabricated from three leg measurements)**

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