

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

Compartment

Medial Compartment Lateral Compartment

Corrective Force Setting

Adjustable Model
(includes torque wrench for adjusting paddle correction and angulation)

Tool-Free Models (pre-set paddle position)

- Minimum Correction *(thin patients and/or mild OA)*
- Standard Correction *(patients with mild to moderate OA)*
- Maximum Correction *(heavy patient and/or moderate to severe OA)*

Thigh Shell Length 7 Inch 8 Inch

Tibia Shell Length 7 Inch 8 Inch

Color Black *(Standard)*

Accessories

- Flexion Stop Kit* *(Extension stops included with all Rebels)*
- Anti-migration silicon infused strap pads*

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

Sleeves*

- 18" Cotton 22" Neoprene
- 18" Neoprene 1/16" Comfort Thigh Sleeve
- C/S Wrap *(for compression and enhanced suspension)*

Sizing

- X-Small Small Medium Large
- X-Large XX-Large XXX-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"
2X-Large	25" to 28"	5.5" to 6"	17" to 19"
3X-Large	28" to 31"	5.5" to 6.5"	

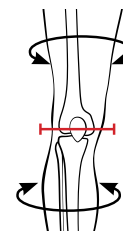
Measurement Data

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 at no addition charge. 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