

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

RelieverOne UniReliever

NOTE: On RelieverOne braces, the hinge is positioned opposite the affected

Compartment

Medial Compartment Lateral Compartment

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)

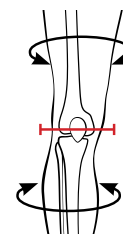
Measurement Data

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