

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

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

Shipping Preference	Billing Address: _____	Shipping Address: _____
<input type="checkbox"/> Ground	_____	_____
<input type="checkbox"/> Next Day A.M.	City: _____	City: _____
<input type="checkbox"/> Next Day P.M.	State _____	State: _____
<input type="checkbox"/> 2-Day A.M.	Zip _____	Zip: _____
<input type="checkbox"/> 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 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)

Sizing

- X-Small
- Small
- Medium
- Large
- X-Large
- XX-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"
XX-Large	25" to 28"	5.5" to 6"	17" to 19"

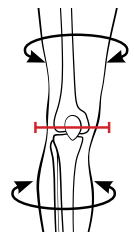
Measurement Data

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