

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

Daily activities: _____

Surgery/Injury history: _____

Brace Configuration

Rebel Rebel Pro Rebel Lite
(only made in 13" length)

Thigh Shell Length 7" anterior 8" anterior

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

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* (Pro model only)
- Quick release buckles*
- Anti-migration silicon infused strap pads*
- Spooner patella stabilizing attachment*
- X-treme Guard (Patella Protector)*

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

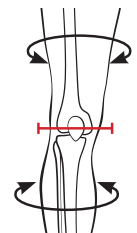
Custom-fitted assembly - fabricated from leg measurements

_____ Circumference 6 inches above mid-patella

_____ **Medial-Lateral Knee Width**
(not circumference) at knee center

_____ Circumference 6 inches below mid-patella

_____ Varus/Valgus angle of the patient



Special Instructions: _____

*Indicates additional charges apply