



THUASNE

# Rebel 3D

### Contact Information

Clinician    Fitter/Assistant/Tech    Other: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Ordering Clinician

CPO    CO    CP    Other: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Billing & Shipping

PO#:

Billing Account#: \_\_\_\_\_

Shipping Account#: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Shipping Preference

Ground

Next Day AM

Next Day PM

2-Day AM

2-Day PM

*(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.*

### Patient Information

Fit Date: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ (LBS) Height \_\_\_\_\_ (IN)

Male    Female

Leg:  Left    Right

Diagnosis: \_\_\_\_\_

Ligament

OA

Surgeries (type/date): \_\_\_\_\_

### Measurements

ML Knee Center \_\_\_\_\_

Circ Proximal (7in) \_\_\_\_\_

ML Proximal (7in) \_\_\_\_\_

Circ Distal (7in) \_\_\_\_\_

ML Distal (7in) \_\_\_\_\_

Varus/Valgus Correction

3°

4°

5°

### Options

#### Frame length

Regular (12")

Short (12")

Ski (12")

Long (12")

#### Frame thickness

4mm

6mm

8mm

#### Anterior thigh strap

Yes

No

#### ACL strap

Yes

No

#### Extension limit

None

5°

10°

15°

20°

30°

#### Color

Natural

Black

Blue

Red

Pink

Orange

### Comments, Observations, and Requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Indicates additional charges apply

OF062 REV A

Received Date *Thuasne USA's shipping department use only*

Distributed by **Thuasne USA**

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[ThuasneUSA.com](http://ThuasneUSA.com)