



**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: \_\_\_\_\_ Patient ID: \_\_\_\_\_

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

Male    Female   Leg:  Left    Right

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

Ligament    OA  
 Medial compartment  
 Lateral compartment

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

### Measurements

ML Knee Center \_\_\_\_\_ Circ Proximal (7") \_\_\_\_\_

ML Proximal (7") \_\_\_\_\_ Circ Distal (7") \_\_\_\_\_

ML Distal (7") \_\_\_\_\_ Varus/Valgus Correction  
 3°    4°    5°

### Options

#### Frame length

Regular (14")    Short (12")    Ski (13")    Long (16")

#### Frame thickness

4mm    6mm    8mm

#### Anterior thigh strap

Yes    No

#### Extension limit

None    5°    10°    15°    20°    30°

#### Color

Natural    Black    Blue  
 Red    Pink    Orange

### Comments, Observations, and Requests:

---

---

---

---

---

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

Distributed by **Thuasne USA**  
4615 Shepard Street, Bakersfield, CA 93313  
Tele: 800.432.3466 • Fax: 800.798.2722  
[ThuasneUSA.com](http://ThuasneUSA.com)