



THUASNE

Rebel Reliever

Osteoarthritis Bracing Solutions

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

Surgeries (type/date): _____

Brace Configuration

Compartment

Medial Compartment Lateral Compartment

Universal (select when ordering stock inventory) Medial OA pads installed, Lateral OA pads included in kit

Thigh Shell Length Thigh shell extends 7" to 9" on all braces

Tibia Shell Length

6" anterior 7" anterior 8" anterior

7" posterior

Strapping Options

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

Quick release buckles

Anti-migration silicon infused strap pads

Spooner patella stabilizing attachment*

Brace Cover (Pull-on)

S/M

L/XL

Sleeves*

18" Cotton 18" Neoprene 22" Neoprene

C/S Wrap (for compression and enhanced suspension)

Sizing

XS

SM

MD

LG

XL

XXL

Sizing	6" above	M-L width	6" below
XS	NOT AVAILABLE	3" - 3 1/2"	11" - 12 1/2"
SM	15 1/2" - 18 1/2"	3 1/2" - 4"	12 1/4" - 13 3/4"
MD	18 1/2" - 21"	4" - 4 1/2"	13 1/4" - 15"
LG	21" - 23 1/2"	4 1/2" - 5"	14 1/4" - 15 3/4"
XL	23 1/2" - 25"	5" - 5 1/2"	15" - 17"
XXL	25" - 28"	5 1/2" - 6"	17" - 19"

Measurement Data

Required for "custom-fitted" Assembly

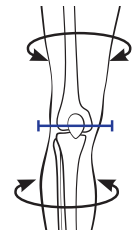
Custom-fitted (Fabricated from three leg measurements)

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

O-F-011 REV D

Received Date Thuasne USA's shipping department use only

Distributed by Thuasne USA

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ThuasneUSA.com