



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**
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