

Custom 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

Diagnosis: _____

Surgeries (type/date): _____

Compartment

Medial Compartment Lateral Compartment

Rebel Reliever Custom U0233

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

Tibia Shell Length *(please select only one)*
 6" anterior 7" posterior
 7" anterior
 8" anterior

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 22" Neoprene
- 18" Neoprene 1/16" Comfort Thigh Sleeve
- C/S Wrap (*for compression and enhanced suspension*)

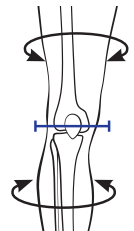
Measurement Data

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: _____

