

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Billing Address: _____ Shipping Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Shipping Preference

- ☐ Ground
☐ Next Day A.M.
☐ Next Day P.M.
☐ 2-Day A.M.
☐ 2-Day P.M.

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

Patient Information

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

☐ Male ☐ Female Age _____

Weight _____ (LBS) Height _____ (IN)

Leg: ☐ Left ☐ Right

Daily activities: _____

Surgery/Injury history: _____

Brace Configuration

Compartment

☐ Medial Compartment ☐ Lateral CompartmentThigh Shell Length *Thigh shell extends 7" to 9" on all braces*

Tibia Shell Length ☐ 6" anterior ☐ 7" posterior
☐ 7" anterior
☐ 8" anterior

Strapping Options (Select one) ☐ 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*

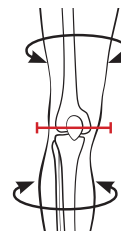
- ☐ 18" Cotton ☐ 22" Neoprene
☐ 18" Neoprene ☐ 1/16" Comfort Thigh Sleeve
☐ C/S Wrap (for compression and enhanced suspension)

Measurement Data

Custom-fitted assembly - fabricated from leg measurements

_____ Circumference 6 inches
above mid-patella_____ Medial-Lateral Knee Width
(not circumference) at knee center_____ Circumference 6 inches
below mid-patella

_____ Varus/Valgus angle of the patient



Special Instructions: _____

*Indicates additional charges apply

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