



## Account Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Billing and Shipping

PO# \_\_\_\_\_ Billing Account #: \_\_\_\_\_ Shipping Account #: \_\_\_\_\_

## Shipping Preference

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

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*(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

☐ Rebel ☐ Rebel Pro ☐ Rebel Lite  
(only made in 13" length)
Thigh Shell Length ☐ 7" anterior ☐ 8" anterior
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\* (Pro model only)  
☐ Quick release buckles\*  
☐ Anti-migration silicon infused strap pads\*  
☐ Spooner patella stabilizing attachment\*  
☐ X-treme Guard (Patella Protector)\*

Brace Cover\* (Pull-on) ☐ S/M ☐ L/XL

## Sleeves\*

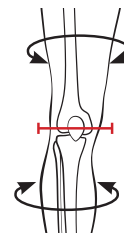
- ☐ 18" Cotton ☐ 22" Neoprene  
☐ 18" Neoprene ☐ 1/16" Comfort Thigh Sleeve  
☐ C/S Wrap (for compression and enhanced suspension)

## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thuasne USA

4615 Shepard St., Bakersfield, CA, 93313  
 Phone: 800.432.3466 or 661.837.1795; Fax: 844.261.5628  
 www.ThuasneUSA.com