

Contact Information

Clinician Fitter/Assistant/Tech Other: _____
 Name: _____
 Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____
 Name: _____
 Email: _____ Phone: _____

Billing & Shipping

Billing Account#: _____
 Shipping Account#: _____

PO#:

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 (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 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" - 3½"	11" - 12½"
SM	15½" - 18½"	3½" - 4"	12¼" - 13¾"
MD	18½" - 21"	4" - 4½"	13¼" - 15"
LG	21" - 23½"	4½" - 5"	14¼" - 15¾"
XL	23½" - 25"	5" - 5½"	15" - 17"
XXL	25" - 28"	5½" - 6"	17" - 19"

Measurement Data

Required for "custom-fitted" Assembly

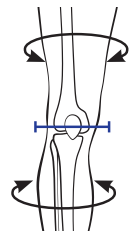
Custom-fitted (Fabricated from three leg measurements)

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

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Received Date *Thuasne USA's shipping department use only*