

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

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
- C/S Wrap *(for compression and enhanced suspension)*

Measurement Data

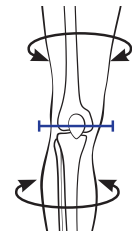
¹These measurements are required to check the accuracy of the patient model submitted, a patient model must be provided for fabrication (cast or scan).

_____ Circumference 6 inches above mid-patella

_____ Medial-Lateral Knee Width (not circumference) at knee center

_____ Circumference 6 inches below mid-patella

_____ Varus/Valgus angle of the patient



Special Instructions: _____

*Indicates additional charges apply

OF-058 REV C

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