

Rebel Series Custom Fit

Ligament 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): _____

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 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*
- X-treme Guard (Patella Protector)*

Brace Cover* (Pull-on) S/M L/XL

Sleeves*

- 18" Cotton 22" Neoprene
- 18" Neoprene
- C/S Wrap (for compression and enhanced suspension)

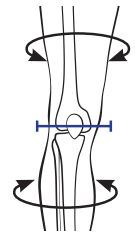
Measurement Data

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



Special Instructions: _____
