

*Indicates additional charges apply

Rebel Series - L1852

Ligament Bracing Solutions

Contact Information Clinician Fitter/Assistant/Tech Other: Name:			Ordering Clinician CPO CO CP Other: Name:			
Email: Phone:			Email: Phone:			
Billing & Shipping PO#: Billing Account#:						
	(If no preference	e is indicated, this order wil	l be shipped 2 [Day PM) Note: We do	o not ship products o	lirectly to patients.
Patient Information Fit Date: Patient ID: Age Weight (LBS) Male Female Leg: Left Diagnosis:			Brace Cover* (Pull-on)			
Surgeries (type/date):			Sizing			
Brace Configuration			If your patient has proportional leg sizing (see sizing reference, below) or if you are ordering a brace for stock inventory please select from the size options.			
□ Rebel	Rebel Pro	C Rebel Lite (only made in 13" length)	□ XS	□ SM □ M	1D 🛛 Large	□ XL
			2XL Prom	odel only	□ 3XL Pro mode	lonly
Thigh Shell Length	□ 7" anterior	□ 8" anterior	Sizing	6" above	M-L width	6" below
Tibia Shell Length	□ 6" anterior□ 7" anterior□ 8" anterior	☐ 7" posterior	XS SM MD LG XL	$12 \frac{1}{2} \frac$	$3^{"} - 3 \frac{1}{2}^{"}$ $3 \frac{1}{2}^{"} - 4^{"}$ $4^{"} - 4 \frac{1}{2}^{"}$ $4 \frac{1}{2}^{"} - 5^{"}$ $5^{"} - 5 \frac{1}{2}^{"}$	11" - 12 ½" 12 ¼" - 13 ¾" 13 ¼" - 15" 14 ¼" - 15 ¾" 15" - 17"
XXX-Large Size Available 14" & Anterior Tibia Shell Only			2XL	25"-28"	5 1/2" - 6"	17" — 19"
Strapping Options	□ CS Package	□ PCL Strap	3XL	28"-31"	6"-61/2"	19"-21"
Color			Measurement Data			
Matte Finish Black (Standard) Grey White Atlantic (Light Blue) Red			These measurements are recommended to ensure accuracy of submitted order. Circumference 6 inches above mid-patella			
□ Lemon □ Orange □ Lime			Medial-Lateral Knee Width			
□ Fuchsia	□ Pacific (Dark Blue)		(not circumference) at knee center			
Accessories Flexion Stop Kit* Extension assist I Quick release bu Anti-migration si Spooner patellas X-treme Guard (I	be	cumference 6 inche low mid-patella ructions:	C			

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