



THUASNE

Rebel 3D

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: _____

Last Name: _____

First Name: _____

Age _____ Weight _____ (LBS) Height _____ (IN)

☐ Male ☐ Female

Leg: ☐ Left ☐ Right

Diagnosis: _____

☐ Ligament

☐ OA

☐ Medial compartment

☐ Lateral compartment

Surgeries (type/date): _____

Measurements

ML Knee Center _____

Circ Proximal (7") _____

ML Proximal (7") _____

Circ Distal (7") _____

ML Distal (7") _____

Varus/Valgus Correction

☐ 3°

☐ 4°

☐ 5°

Options

Frame length

☐ Regular (14") ☐ Short (12") ☐ Ski (13") ☐ Long (16")

Frame thickness

☐ 4mm ☐ 6mm ☐ 8mm

Anterior thigh strap

☐ Yes ☐ No

Extension limit

☐ None ☐ 5° ☐ 10° ☐ 15° ☐ 20° ☐ 30°

Color

☐ Natural

☐ Black

☐ Blue

☐ Red

☐ Pink

☐ Orange

Comments, Observations, and Requests:

*Indicates additional charges apply

Received Date Thuasne USA's shipping department use only

Distributed by **Thuasne USA**
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Tele: 800.432.3466 • Fax: 800.798.2722
ThuasneUSA.com

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