THUASNE Custom Aluminum Functional Bracing

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Ship To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: ☐ Ground ☐ 2-Day P.M. ☐ 2-Day A.M. ☐ Next Day P.M. ☐ Next Day A.M.

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Patient's Last Name: _____

Patient's First Name: _____

☐ **Male** ☐ **Female**

Age _____ **Height** _____ **Weight** _____

Work/Activities:

☐ Activities of Daily Living ☐ Non-Contact Sports
☐ Contact Sports

Leg: ☐ Left ☐ Right

Ligament: ☐ ACL ☐ PCL ☐ LCL ☐ MCL

Meniscus Damage: ☐ Medial ☐ Lateral

Surgeries (type/date): _____

Model

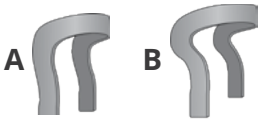
Rebel	Rebel Pro	Rebel Lite *(only available in 13" length)*
☐ ACL	☐ ACL	☐ ACL
☐ Combined	☐ Combined	☐ Combined

Thigh Shell Length ☐ 7 inch ☐ 8 inch

Tibia Shell Length ☐ 6 inch ☐ 7 inch ☐ 8 inch

Thigh Shell

☐ Standard Thigh (A)
☐ MC Thigh (B) *(Pro Model Only)*



Hinges – Includes extension stop kit

☐ Optional Flexion Stop Kit *
☐ Add optional extension assist bands/posts * *(Pro Model Only)*

Colors

☐ Gloss Black	☐ Textured Black	☐ Bengal White
☐ Bengal Silver	☐ Bengal Yellow	☐ Sparkle Red
☐ Electric Blue	☐ Sky Blue	☐ Violet
☐ Argento Gray	☐ Candy Green	☐ Sparkle Copper

☐ **CS Package*** *(only avaiable for Rebel Reliever)*

Semi-rigid padded inserts attached inside the thigh shell for dynamic compression and enhanced suspension

☐ **Spooner Patella Stabilizing Attachment***

Brace Cover*

☐ **Posterior Closure:** ☐ Black ☐ Blue
☐ Pull On

Undersleeves*

☐ 18" Cotton ☐ 18" Neoprene ☐ 22" Neoprene

Thigh Sleeves*

☐ 1/16 Comfort Thigh Sleeve

TMD MEASUREMENT DATA

Caliper Measurement of
M-L Width Of The Knee: _____ inches

Thigh Circumference At Proximal Band: _____ inches

Tibia Circumference At Distal Band: _____ inches

That Correlated With The
Varus/Valgus Angle of Tibia: _____

That Correlated With The
Varus/Valgus Angle of Thigh: _____

Was Leg At Full Extension?
☐ Yes **Or** Flexed At ____ Degrees

Special Instructions: _____

_____

_____

_____

_____

**Indicates additional charges apply*

Please complete and fax this form to 800.798.2722 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 800.700.2722 between 6:00 a.m. and 4:00 p.m. (PST).

Thuasne USA

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www.ThuasneUSA.com

TOWNSEND
THUASNE USA