

General Information

Ordered by : _____

Phone: _____

BILLING: P.O. Number _____

Bill To: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Ship To: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Phone: _____ Attention: _____

Patient's Last Name: _____

Patient's First Name: _____

Sex: Male Female Leg: Left Right

Model:

Rebel ACL
 Combined (pcl)

Rebel Lite ACL
 Combined (pcl)

Rebel Reliever OA Medial compartment
(short model 13") Lateral compartement

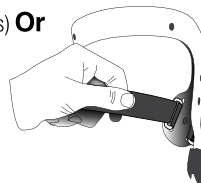
Uni-Rebel OA Medial Hinge (Medial compartment)
(single hinge) Lateral Hinge (Lateral compartment)

Color

- | | | |
|---|---|--|
| <input type="checkbox"/> Textured Black | <input type="checkbox"/> Bengal Silver | <input type="checkbox"/> Bengal Yellow |
| <input type="checkbox"/> Bengal White | <input type="checkbox"/> Gloss Black | <input type="checkbox"/> Electric Blue |
| <input type="checkbox"/> Blue | <input type="checkbox"/> Sky Blue | <input type="checkbox"/> Violet |
| <input type="checkbox"/> Candy Green | <input type="checkbox"/> Sparkle Copper | <input type="checkbox"/> Sparkle Red |

PCL Strap* (combined instabilities) Or

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



Brace Cover*

Posterior Closure Style Pull On Style

Color: Black Blue

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

1/8 Atrophy Thigh Sleeve 1/16 Comfort Thigh Sleeve

Extension stop: _____

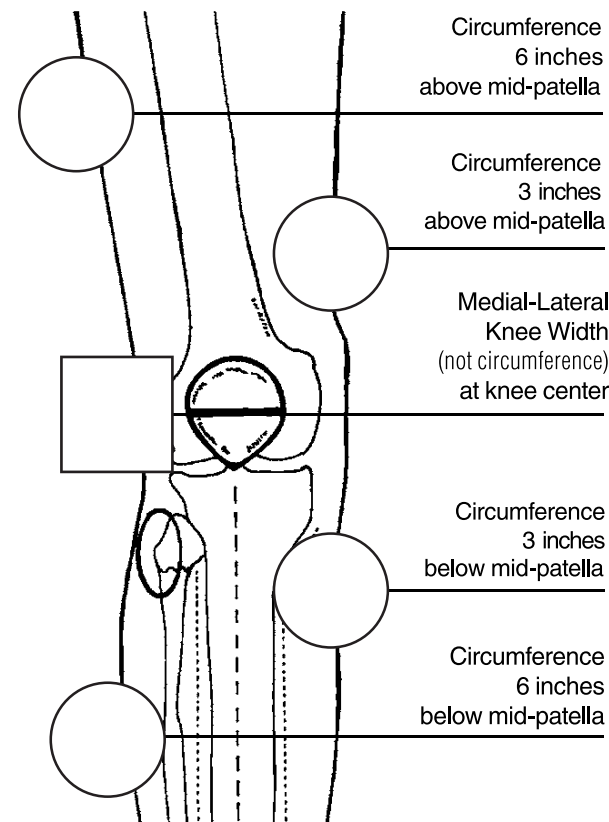
Flexion stop*: _____



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 www.bmiortho.com e-mail: info@bmiortho.com

Custom Aluminium Series

- Customized to measurements
 Custom to cast mold



Special Instructions: _____

*Extra charges apply
 (All braces Anterior Band)