



Date: _____

Workorder #: _____

PO/OPS: _____

Part Number: **CBB01**

Ship To:		Patient Name:	
Address:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		Age:	
<input type="checkbox"/> Same as Ship To		Height:	
Bill To:		Weight:	
		<input type="checkbox"/> Pt is a previous CBB Wearer	
Email:		<input type="checkbox"/> Previous Other/Type:	
Phone:			
Brace Design Options (Check One)		IMPORTANT INSTRUCTIONS	
<input type="checkbox"/> CBB Modified Polyethylene		1. COMPLETE THIS MEASUREMENT FORM	
<input type="checkbox"/> Copolymer available on request (not recommended)		2. PROVIDE AN X-RAY (Digital Images Preferred).	
<input type="checkbox"/> CBB Lite 1/4" volara soft inside, MPE inner shell, 1/8" volara firm outside		3. EMAIL, FAX, OR MAIL	
Friddles Color Choices (Check one)		Email:	jackie@cbb.org
<input type="checkbox"/> White <input type="checkbox"/> Pink <input type="checkbox"/> Blue <input type="checkbox"/> Friddles Transfer		Fax:	843-884-1554
Transfer Pattern #: _____ Pattern Name: _____		Mail:	Charleston Bending Brace Attn: Jackie Hooper 524 Barbados Drive Charleston SC 29492
NOTE: Transfer patterns have potential to bleed.		NOTE: Please send measurement forms and x-rays only. Tracer Cad Technology precludes the necessity for 3-dimensional body casts.	
For MPE - Please choose Friddles recommended transfer less likely to bleed. Color charts available on CBB.org and Friddles.com...or via email upon request.		MEASUREMENTS IN INCHES ONLY	
Advise patients to wear protective clothing both under and over the orthosis for the first week of wear.		Measurements Taken	Standing Circ.
			Supine M/L*
		Axilla	Supine A/P*
		Xyphoid	
		Waist	
		ASIS	
		Trochanter	
		*M/L & A/P measurements taken with a M/L mx stick (not a tape measure)	
Select Type Of Treatment		Linear mx:	Supine
<input type="checkbox"/> CBB-1 - Double Lumbar Primary		Axilla to Waist	Standing
<input type="checkbox"/> CBB-2 - Double Thoracic Primary		Waist to Gluteal Fold	Total Finished Length
<input type="checkbox"/> Dynamic Lumbar Pad			Bending Position
<input type="checkbox"/> CBB-3 - Single Thoriatic			Axilla to Gluteal Fold
<input type="checkbox"/> CBB-4 - Single Thorocolumbar			
<input type="checkbox"/> CBB-5 - Double Thoracic			
Bend Patient to: <input type="checkbox"/> Right <input type="checkbox"/> Left			
DATE NEEDED:			
SPECIAL INSTRUCTIONS:		See Illustrations under "Ordering Info Tab"on Website www.cbb.org or www.originalbendingbrace.com	
		Practitioner: _____ (Print Name)	
		Signature: _____	
All Braces Designed by C. Ralph Hooper, Jr., CPO		All Braces Fabricated by Friddles Orthopedic Appliances	