



524 Barbados Drive., Charleston, SC 29492
 Phone: 843-884-2202 -- Fax: 843-884-1554
 jackie@cbb.org

Date: _____
 Workorder #: _____
 PO/OPS: _____
 Part Number: **CBB01**

Ship To: _____
 Address: _____

 Same as Ship To
 Bill To: _____

 Email: _____
 Phone: _____

Patient Name: _____
 Male Female
 Age: _____ Pt is a previous CBB Wearer
 Height: _____
 Weight: _____ Previous Other/Type: _____

IMPORTANT INSTRUCTIONS
 1. COMPLETE THIS MEASUREMENT FORM
 2. PROVIDE AN X-RAY (**Digital Images Preferred**).
 3. EMAIL, FAX, OR MAIL

Brace Design Options (Check One)
 CBB Modified Polyethylene
 Copolymer available on request (not recommended)
 CBB Lite 1/4" volara soft inside, MPE inner shell, 1/8" volara firm outside

Email: **jackie@cbb.org**
 Fax: **843-884-1554**

Friddles Color Choices (Check one)
 White Pink Blue Friddles Transfer
 Transfer Pattern #: _____ Pattern Name: _____
NOTE: Transfer patterns have potential to bleed.
 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.
Advise patients to wear protective clothing both under and over the orthosis for the first week of wear.

Mail: **Charleston Bending Brace
 Attn: Jackie Hooper
 524 Barbados Drive
 Charleston SC 29492**

NOTE: Please send measurement forms and x-rays only. Tracer Cad Technology precludes the necessity for 3-dimensional body casts.

Select Type Of Treatment
 CBB-1 - Double Lumbar Primary
 CBB-2 - Double Thoracic Primary
 Dynamic Lumbar Pad
 CBB-3 - Single Thoracic
 CBB-4 - Single Thorocolumbar
 CBB-5 - Double Thoracic

COBB ANGLES:
 Thoracic _____
 Lumbar _____
LORDOSIS:
 Supine mx: _____
 In brace: 10° 20°
 Other: _____°

MEASUREMENTS IN INCHES ONLY			
Measurements Taken	Standing	Supine	Supine
	Circ.	M/L*	A/P*
Axilla			
Xyphoid			
Waist			
ASIS			
Trochanter			

*M/L & A/P measurements taken with a M/L mx stick (not a tape measure)

Bend Patient to: Right Left

Linear mx: Supine Standing
 Axilla to Waist
 Waist to Gluteal Fold
 Total Finished Length
 Bending Position
 Axilla to Gluteal Fold

DATE NEEDED: _____

SPECIAL INSTRUCTIONS:

**See Illustrations under "Ordering Info Tab" on Website
 www.cbb.org or www.originalbendingbrace.com**
 Practitioner: _____
 (Print Name)
 Signature: _____