The Original Bending Brace of Charleston

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

Workorder #: _____

PO/OPS:

Bill To: _____
Address: _____

☐ Same as Bill To
Ship To: _____

Email: _____
Phone: _____

Patient Name: _____

Height:_____ ☐ Pt is a previous ☐ Male ☐ Female
Weight:_____ OBB/CBB wearer
Age:_____ ☐ Other Brace Type: _____

☐ OBB/CBB-Standard ☐ OBB/CBB-II Dynamic Lumbar Pad

STANDARD COLORS
(Choose One)
☐ Natural
☐ Light Pink
☐ Light Blue

☐ Friddles Transfer (Extra Charge)
Number:_____
Description:_____

Select Type Of Treatment	**OR**	**Provide Major Curve**	**Brace Bend To**
☐ OBB/CBB-1		☐ LT	
☐ OBB/CBB-2		☐ RT	☐ RIGHT
☐ OBB/CBB-3		☐ Double	
☐ OBB/CBB-4		☐ Lumbar	☐ LEFT
☐ OBB/CBB-5		☐ Thoracic	
		☐ Thorocolumbar	

COBB ANGLES: Thoracic _____ Apex _____
Lumbar _____ Apex _____

LORDOSIS Supine mx: _____
In brace: ☐ 10° ☐ 20° ☐ Other:_____°
(In brace 0° if not otherwise specified)

SPECIAL INSTRUCTIONS:

IMPORTANT INSTRUCTIONS

All Measurements must be taken and completed on this order form
X-rays must be sent or **digital images are preferred**

Original Bending Brace of Charleston
524 Barbados Drive
Charleston, South Carolina 29492

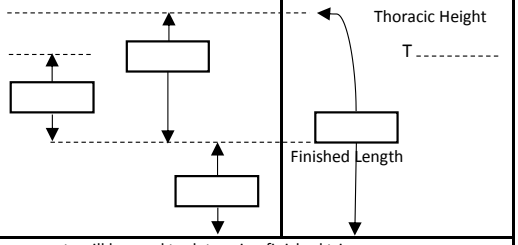
jackie@cbb.org

Complete information is required for manufacturing

MEASUREMENTS IN INCHES ONLY

Measurements Taken	Standing **Circ.**	Supine M/L*	Supine A/P*
Axilla			
Xyphoid			
2"above waist			
ASIS			
Gluteal Fold/Trochanter			

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

Linear mx:	Supine	Standing
Axilla		
Xyphoid		
Waist		
Gluteal Fold (Finished Length)		

All Length Measurements will be used to determine finished trims

Practitioner: _____
(Print Name)
Signature: _____
(Must be signed by an OBB/CBB Certificate Holder)
OBB/CBB Certification Number: _____