



Updated 5/23/2016

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
OBB wearer
Weight: _____ ☐ Other Brace Type: _____
Age: _____

☐ OBB-Standard ☐ OBB Lite
☐ OBB-II Dynamic Lumbar Pad

**STANDARD BRACES ARE WHITE, SINGLE PULL
MODIFIED POLYETHYLENE LINED WITH 1/4" VOLARA
FRIDDLER TRANSFERS (INCLUDING SOLID PINK & BLUE)
ARE AVAILABLE AT NO EXTRA CHARGE**

☐ Standard ☐ Pink ☐ Blue ☐ Transfer

Number: _____ Description: _____

Select Type Of Treatment **OR** **Provide Major Curve** **Brace Bend To**
☐ OBB-1 ☐ LT ☐ RIGHT
☐ OBB-2 ☐ RT ☐ LEFT
☐ OBB-3 ☐ Double
☐ OBB-4 ☐ Lumbar
☐ OBB-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 may be sent but **digital images are preferred**

Email Forms To: Jackie Hooper at jackie@cbb.org
Fax Forms To: Jackie Hooper at 843-884-1554

Mail Forms To: **Original Bending Brace**
524 Barbados Drive
Charleston, South Carolina 29492

Complete Information is Required for Manufacturing

MEASUREMENTS IN INCHES ONLY

Measurements Taken	Standing	Supine	Supine
	Circ.	M/L*	A/P*
Axilla			
Xyphoid			
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 to Waist		Total Finished Length <div></div>
Xyphoid to Waist		
Waist to Gluteal Fold		

All Length Measurements will be used to determine finished trims

Practitioner: _____
(Print Name)

Signature: _____

(Must be signed by an OBB Certificate Holder)