



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

Date: _____
 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: _____
 Age: _____ Other Brace Type: _____

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
 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
 1. Complete the measurements **on this form** along with general information.
 2. Submit X-ray with order form (**Digital Images Preferred**).
 3. Email, fax or mail orders to Jackie Hooper at:
 Email: jackie@cbb.org
 Fax: 843-884-1554
 Mail: **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			
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
Xyphoid to Waist		<input type="text"/>
Waist to Gluteal Fold		Bending Position Axilla to Gluteal Fold

See Illustrations on Website -- www.originalbendingbrace.com

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