

# Original Bending Brace

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: \_\_\_\_\_

| BRACE DESIGN                                       | PLASTIC CHOICE                                 |
|--|--|
| <input type="checkbox"/> OBB-Standard              | <input type="checkbox"/> Modified Polyethylene |
| <input type="checkbox"/> OBB Lite                  | <input type="checkbox"/> Co-polymer            |
| <input type="checkbox"/> OBB-II Dynamic Lumbar Pad |  |

**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**

**STANDARD BRACES ARE WHITE, SINGLE PULL  
 MODIFIED POLYETHYLENE, LINED WITH 1/4" VOLARA**  
 (A limited number of transfers recommended to minimize bleeding. Patients should be advised to wear protective clothing over/under orthosis.)

**COPOLYMER BRACES ARE WHITE, SINGLE PULL  
 COPOLYMER, LINED WITH 1/4" VOLARA**  
 (All Friddles Transfer patterns available)

**FRIDDLES TRANSFERS (INCLUDING SOLID PINK & BLUE)  
 ARE AVAILABLE AT NO EXTRA CHARGE**  
 Standard  Pink  Blue  Transfer  
 Number: \_\_\_\_\_ Description: \_\_\_\_\_

| 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) |          |        |        |

|   |           |   |   |
|---|-----------|---|---|
| <b>Select Type Of Treatment</b><br><input type="checkbox"/> OBB-1<br><input type="checkbox"/> OBB-2<br><input type="checkbox"/> OBB-3<br><input type="checkbox"/> OBB-4<br><input type="checkbox"/> OBB-5 | <b>OR</b> | <b>Provide Major Curve</b><br><input type="checkbox"/> LT<br><input type="checkbox"/> RT<br><input type="checkbox"/> Double<br><input type="checkbox"/> Lumbar<br><input type="checkbox"/> Thoracic<br><input type="checkbox"/> Thorocolumbar | <b>Brace To Bend Patient In Which Direction?</b><br><input type="checkbox"/> RIGHT<br><input type="checkbox"/> LEFT |
|   |           |   |   |

**COBB ANGLES:** Thoracic \_\_\_\_\_ Apex \_\_\_\_\_  
 Lumbar \_\_\_\_\_ Apex \_\_\_\_\_

**LORDOSIS** Supine mx: \_\_\_\_\_  
 In brace:  10°  20°  Other: \_\_\_\_\_°  
*(In brace 0° if not otherwise specified)*

| Linear mx:            | Supine | Standing                                   |
|-----------------------|--------|--|
| Axilla to Waist       |        | Total Finished Length                      |
| Waist to Gluteal Fold |        | <input type="text"/>                       |
|                       |        | Bending Position<br>Axilla to Gluteal Fold |

**DATE NEEDED BY:** \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**See Illustrations on Website --  
 www.originalbendingbrace.com or www.cbb.org**

Practitioner: \_\_\_\_\_  
 (Print Name)  
 Signature: \_\_\_\_\_

Practitioner: \_\_\_\_\_  
 (Print Name)  
 Signature: \_\_\_\_\_