



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> <input type="checkbox"/> OBB-1 <input type="checkbox"/> OBB-2 <input type="checkbox"/> OBB-3 <input type="checkbox"/> OBB-4 <input type="checkbox"/> OBB-5	<b>OR</b>	<b>Provide Major Curve</b> <input type="checkbox"/> LT <input type="checkbox"/> RT <input type="checkbox"/> Double <input type="checkbox"/> Lumbar <input type="checkbox"/> Thoracic <input type="checkbox"/> Thorocolumbar	<b>Brace To Bend Patient In Which Direction?</b> <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT
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**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 Axilla to Gluteal Fold

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

**PART NUMBER: OBB01**

**SPECIAL INSTRUCTIONS:**

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

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