



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

Date: \_\_\_\_\_  
 Workorder #: \_\_\_\_\_  
 PO/OPS: \_\_\_\_\_  
 Part Number: **CBB01**

Ship To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Same as Ship To  
 Bill To: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
 Male  Female  
 Age: \_\_\_\_\_  Pt is a previous CBB Wearer  
 Height: \_\_\_\_\_  
 Weight: \_\_\_\_\_  Previous Other/Type: \_\_\_\_\_

**IMPORTANT INSTRUCTIONS**  
 1. COMPLETE THIS MEASUREMENT FORM  
 2. PROVIDE AN X-RAY (**Digital Images Preferred**).  
 3. EMAIL, FAX, OR MAIL

**Brace Design Options (Check One)**

**CBB Modified Polyethylene**  
 Copolymer available on request (not recommended)  
 **CBB Lite** 1/4" volara soft inside, MPE inner shell, 1/8" volara firm outside

Email: **jackie@cbb.org**  
 Fax: **843-884-1554**

Mail: **Charleston Bending Brace  
 Attn: Jackie Hooper  
 524 Barbados Drive  
 Charleston SC 29492**

**Friddles Color Choices (Check one)**

White  Pink  Blue  Friddles Transfer  
 Transfer Pattern #: \_\_\_\_\_ Pattern Name: \_\_\_\_\_  
**NOTE: Transfer patterns have potential to bleed.**  
 For MPE - Please choose Friddles recommended transfer less likely to bleed. Color charts available on CBB.org and Friddles.com...or via email upon request.  
**Advise patients to wear protective clothing both under and over the orthosis for the first week of wear.**

**NOTE:** Please send measurement forms and x-rays only. Tracer Cad Technology precludes the necessity for 3-dimensional body casts.

**MEASUREMENTS IN INCHES ONLY**

Measurements Taken	Standing	Supine	Supine
	Circ.	M/L*	A/P*
Axilla			
Xyphoid			
Waist			
ASIS			
Trochanter			

**Select Type Of Treatment**

CBB-1 - Double Lumbar Primary  
 CBB-2 - Double Thoracic Primary  
 Dynamic Lumbar Pad  
 CBB-3 - Single Thoracic  
 CBB-4 - Single Thorocolumbar  
 CBB-5 - Double Thoracic

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

**LORDOSIS:**  
 Supine mx: \_\_\_\_\_  
 In brace:  10°  20°  
 Other: \_\_\_\_\_°

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

**Bend Patient to:**  Right  Left

**Linear mx:**

Axilla to Waist	Supine	Standing
Waist to Gluteal Fold		

Total Finished Length  
  
 Bending Position  
 Axilla to Gluteal Fold

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

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

**See Illustrations under "Ordering Info Tab" on Website  
 www.cbb.org or www.originalbendingbrace.com**

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