Charleston Bending Brace 524 Barbados Drive Charleston, SC 29492

843-884-2202 www.cbb.org



Date: Workorder #: PO/OPS: Item Number: CBB01

Ship To:			Patient Name:			
Address:						
			Age:	☐ Pt is a pre	evious CBB Wea	arer
			Height:			
☐ Same as Ship To			Weight:			
Bill To:						
			IMPORTANT INSTRUCTIONS			
			1. COMPLETE THIS MEASUREMENT FORM			
Email:			2. PROVIDE AN X-RAY (Digital Images Preferred).			
Phone:			3. EMAIL, FAX, OR MAIL			
			Charleston Bending Brace			
Brace Design Options (Check One) CBB - Standard CBB - Lite CBB - Bivalve			Attn: Jackie Hooper 524 Barbados Drive			
			jackie@cbb.org			
			Standard Colors (Choose One)			Fax: 843-884-1554 NOTE: Please send measurement forms and x-rays only. Tracer Cad Technology
☐ White ☐ Pink ☐ Blue ☐ Friddles Transfer			precludes the necessity for 3-dimensional body casts.			
Transfer Pattern #: Pattern Name:			MEASUREMENTS IN INCHES ONLY			
- 01		B 18.5	Measurements	Standing	Supine	Supine A/P*
Type Of Treatment ☐ CBB-1 - Double Lu	umbar Primary	Bend Patient to:	Taken	Circ.	M/L*	A/P
☐ CBB-2 - Double Thoracic Primary ☐ Right ☐ Dynamic Lumbar Pad ☐ CBB-3 - Single Thoriacic ☐ Left		Axilla				
		Xyphoid				
☐ CBB-4 - Single Thorocolumbar			Waist			
☐ CBB-5 - Double TI	horacic		vvaist			
COBB ANGLES:	Thoracic	Apex	ASIS			
CODD AITCLES.	Lumbar		Trochanter			
LORDOSIS:	Supine mx:		_	ken with a M/L mx stick (not a tape measure)		
	In brace: $\Box 0^{\circ} \Box 10^{\circ} \Box 20^{\circ} \Box Other:^{\circ}$ (In brace 0° if not otherwise specified)		Linear mx:	Supine		Standing I Finished Length
			Axilla to Waist			Trinished Length
DATE NEEDED:			Waist to Gluteal Fold		Be	ending Position
			Walst to Glateal Fold		Axill	a to Gluteal Fold
SPECIAL INSTRUCTION	ONS:					
			Practitioner:			
			(Print Name)			
			Signature:			
			Jigiiatui C.			
			CBB Certification Number:			
All Braces Designed by C. Ralph Hooper, Jr., CPO			All Braces Fabricated by Friddles Orthopedic Appliances			