

Charleston Bending Brace

524 Barbados Drive
Charleston, SC 29492
843-884-2202
www.cbb.org



Date: _____
Workorder #: _____
PO/OPS: _____
Item 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

Charleston Bending Brace
Attn: Jackie Hooper
524 Barbados Drive
Charleston SC 29492
jackie@cbb.org
Fax: 843-884-1554

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

Brace Design Options (Check One)

- CBB - Standard CBB - Lite CBB - Bivalve

Standard Colors (Choose One)

- White Pink Blue Friddles Transfer

Transfer Pattern #: _____ Pattern Name: _____

Type Of Treatment

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

Bend Patient to:

- Right
 Left

COBB ANGLES:

Thoracic _____ Apex _____
Lumbar _____ Apex _____

LORDOSIS:

Supine mx: _____
In brace: 0° 10° 20° Other: _____ °
(In brace 0° if not otherwise specified)

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 <input type="text"/>
Waist to Gluteal Fold		Bending Position Axilla to Gluteal Fold

DATE NEEDED:

SPECIAL INSTRUCTIONS:

Practitioner: _____
(Print Name)

Signature: _____