



Charleston
Bending Brace®

3905 Ashton Shore Lane
Mt. Pleasant, SC 29466
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www.cbb.org

As the owner and president of The Charleston Bending Brace, I want to thank you for ordering one of our bending braces. In the interest of providing the best quality possible and to better understand your needs, we kindly ask that you complete the following survey. Thank you for your continued support.

Sincerely,

C. Ralph Hooper, Jr., CPO

Name: _____

Type of Brace:

☐ CBB - STANDARD

☐ Bi-Valve

Company: _____

☐ CBB - Lite

Please rate overall quality of braces received on a scale of 1-5
(1 being least satisfactory and 5 being most satisfactory)

- | | | | | | | |
|----|--|---|---|---|---|---|
| 1. | Overall fit of the brace. | 1 | 2 | 3 | 4 | 5 |
| 2. | Length of brace (not too short or too long) | 1 | 2 | 3 | 4 | 5 |
| 3. | Strap placement and wear. | 1 | 2 | 3 | 4 | 5 |
| 4. | Trim Lines. | 1 | 2 | 3 | 4 | 5 |
| 5. | Initial Impression of (Single Pull) Brace. | 1 | 2 | 3 | 4 | 5 |
| 6. | Effectiveness of Lumbar Pad (If Applicable). | 1 | 2 | 3 | 4 | 5 |

Additional comments: _____

Thank you for your feedback.