Charleston Bending Brace

3905 Ashton Shore Land Mt. Pleasant, SC 29466 843-884-2202 www.cbb.org



Date:	
Workorder #:	
PO/OPS:	

Item#/HD Code Regular: CBB01 Item#/HD Code Lite: CBB01-Lite

Ship To: Patient Name: _____ ☐ Male ☐ Female Address: ☐ Pt is a previous CBB Wearer Height: ☐ Same as Ship To Weight: ☐ Previous Other/Type: Bill To: **IMPORTANT INSTRUCTIONS** 1. COMPLETE THIS MEASUREMENT FORM 2. PROVIDE AN X-RAY (Digital Images Preferred). Email: Phone: 3. EMAIL, FAX, OR MAIL **Charleston Bending Brace Brace Design Options** (Check One) Attn: Jackie Hooper 3905 Ashton Shore Lane **CBB** - Standard ☐ CBB - Lite ☐ CBB - Bivalve Mt. Pleasant, SC 29466 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. **MEASUREMENTS IN INCHES ONLY** _____ Pattern Name: ____ Transfer Pattern #: _____ Standing Supine Measurements Supine M/L* A/P* Circ. Type Of Treatment **Bend Patient to:** Taken ☐ CBB-1 - Double Lumbar Primary Axilla ☐ CBB-2 - Double Thoracic Primary ☐ Right ☐ Dynamic Lumbar Pad Xyphoid ☐ CBB-3 - Single Thoriacic □ Left ☐ CBB-4 - Single Thorocolumbar Waist ☐ CBB-5 - Double Thoracic ASIS Thoracic _____ Apex ____ COBB ANGLES: Lumbar _____ Apex _____ Trochanter *M/L & A/P measurements taken with a M/L mx stick (not a tape measure) LORDOSIS: Supine mx: In brace: □0° □10° □20° □Other:____° Linear mx: Supine Standing Total Finished Length (In brace 0° if not otherwise specified) Axilla to Waist **Bending Position DATE NEEDED:** Waist to Gluteal Fold Axilla to Gluteal Fold SPECIAL INSTRUCTIONS: Practitioner: _____ (Print Name) Signature: All Braces Designed by C. Ralph Hooper, Jr., CPO All Braces Fabricated by Friddles Orthopedic Appliances