

# Charleston Bending Brace

3905 Ashton Shore Lane  
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: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Same as Ship To

Bill To: **BILL TO:**  
**Cascade Orthopedic Supply**  
2638 Aztec Drive • Chico, CA 95928

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  
3905 Ashton Shore Lane  
Mt. Pleasant, SC 29466  
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 Thoracic  
 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)

### DATE NEEDED:

### SPECIAL INSTRUCTIONS:

### 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

Practitioner: \_\_\_\_\_

(Print Name)

Signature: \_\_\_\_\_