NATIONAL LABS
ORTHOTICS · PROSTHETICS · INNOVATION

Charleston Bending Brace

Orlando Ph 407.852.6170 | Fx 407.852.6171
NationalLabs_Orlando@spsco.com

Workorder #:
(Lab Use Only)

Bill To: ______________________
Address: ______________________
____

Same as Bill to

Ship To: ______________________
Address: ______________________
____

Email: ______________________
Phone #: ______________________

Patient Name: ______________________
Order Date: ______________________

Height: ________ ☐ Pt is a previous CBB wearer ☐ Male
Weight: ________ ☐ Female
Age: ________ ☐ Other Brace Type: ______________

Compliance Monitor (1/4" foam only): ☐ YES ☐ NO

In-Office Request Date: ______________ ☐am ☐pm

CBB-Standard CBB II-Dynamic Lumbar Pad

OPS invoice / NG encounter: ______________

IMPORTANT INSTRUCTIONS

- All measurements must be taken and completed on this order form
- Email digital x-ray to: cfaborlando@spsco.com
  Subject Line: Charleston Brace for "Patient Name"
- If information is incomplete, your brace cannot be manufactured

STANDARD COLORS
(Choose One)

☐ Natural
☐ Light Pink
☐ Light Blue

☐ Friddles Transfer (extra charge)
Number: ______________
Description: ______________

MEASUREMENTS IN INCHES ONLY

Measurements taken	Standing	Supine	Supine
	Circ.	**M/L ***	**A/P ***
Axilla			
Xyphoid			
2″ above waist			
Waist			
ASIS			
Gluteal Fold/ Trochanter			

* M/L & A/P measurements taken with a M/L mx stick (not a tape measure)

SELECT TYPE OF TREATMENT
☐ CBB-1
☐ CBB-2
☐ CBB-3
☐ CBB-4
☐ CBB-5

OR

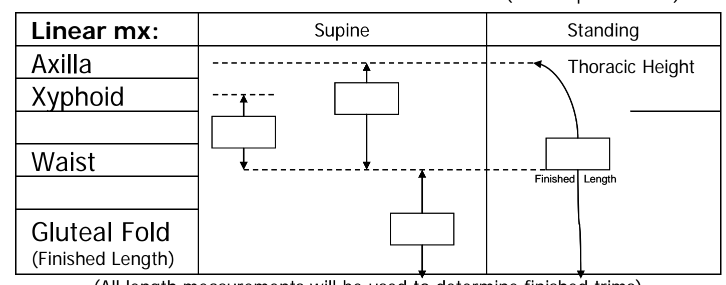
PROVIDE MAJOR CURVE
☐ LT
☐ RT
☐ Double
☐ Lumbar
☐ Thoracic
☐ Thorocolumbar

BRACE BEND TO
☐ Right
☐ Left

COBB ANGLES: (limits & magnitudes)
Thoracic ________ Apex ________
Lumbar ________ Apex ________

LORDOSIS Supine mx: ____________
In brace: ☐ 10° ☐ 20° ☐ Other: ______°
(In brace 0° if not otherwise specified)

Linear mx:



(All length measurements will be used to determine finished trims)

Manual: English Spanish

SPECIAL INSTRUCTIONS:

____
____
____
____
____
____
____
____
____

Practitioner (print name): ______________________

Signature: ______________________
(Must be signed by a CBB Certificate holder only)

CBB Certification Number: ______________________