

Bill To: _____
 Address: _____

 Same as Bill to

Ship To: _____
 Address: _____

Email: _____
 Phone #: _____

Patient Name: _____
Order Date: _____

Height: _____ Pt is a Male
 Weight: _____ previous NBB Female
 Age: _____ wearer Other _____

Brace Type: _____

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

In-Office Request Date: _____ am pm

NBB-Standard NBB II-dynamic lumbar pad
 NBB Lite-early intervention

OPS invoice / NG encounter: _____

IMPORTANT INSTRUCTIONS

- All measurements must be taken and completed on this order form
- Email digital x-ray to: HFN_Orlando@Hanger.com
 Subject Line: NBB Brace Order
- If information is incomplete, your brace cannot be manufactured

STANDARD COLORS

(Choose One)

- Natural Transfer (extra charge)
 Light Pink Number: _____
 Light Blue Description: _____

SELECT TYPE OF TREATMENT

OR

PROVIDE MAJOR CURVE

BRACE BEND TO

- NBB-1 LT Right
 NBB-2 RT Left
 NBB-3 Double
 NBB-4 Lumbar
 NBB-5 Thoracic
 Thorocolumbar

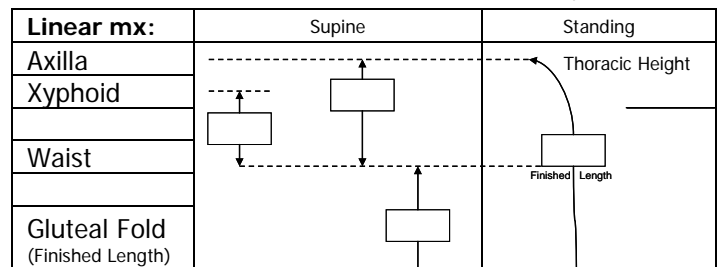
COBB ANGLES: Thoracic _____ Apex _____
 (limits & magnitudes) Lumbar _____ Apex _____

LORDOSIS Supine mx: _____
 In brace: 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			
2" above waist			
Waist			
ASIS			
Gluteal Fold/ Trochanter			

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



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

Practitioner (print name): _____

Signature: _____
 (Must be signed by a NBB Certificate holder only)

NBB Certification Number: _____

Manual: English Spanish

SPECIAL INSTRUCTIONS:

