

**PCC #:** \_\_\_\_\_

**BILL TO:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SHIP TO:** ☐ SAME AS BILLING \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SHIPPING:** ☐ GROUND (FXGD) ☐ STANDARD 2 DAY (FX2D)  
**OVERNIGHT:** ☐ PRIORITY (FX1D) ☐ 1st OVERNIGHT (FX1A)  
☐ OTHER: \_\_\_\_\_

**CLINICIAN:** \_\_\_\_\_

**PREFERRED CONTACT METHOD:** \_\_\_\_\_

**PATIENT ID:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

☐ MALE ☐ FEMALE ☐ PREVIOUS NBB WEARER ☐ OTHER

**BRACE TYPE:** \_\_\_\_\_

**NG ENCOUNTER #:** \_\_\_\_\_

**MEASUREMENT DATE:** \_\_\_\_\_

**IN-OFFICE REQUEST DATE & TIME:** \_\_\_\_\_

☐ PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

**HFN:** ☐ ORLANDO ☐ \_\_\_\_\_

## MEASUREMENTS (REQUIRED)

### IMPORTANT INSTRUCTIONS

- All measurements must be taken and completed on this order form
- Email Digital X-Ray to: [HFN\\_Orlando@Hanger.com](mailto:HFN_Orlando@Hanger.com)  
Subject Line: NBB Brace Order
- If information is not complete, your brace cannot be manufactured

### MEASUREMENT IN INCHES ONLY

Measurements Taken	Standing	Supine	Supine
	<b>Circ.</b>	<b>M/L*</b>	<b>A/P*</b>
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)

Linear mx:	Supine	Standing
Axilla _____		THORACIC HEIGHT
Xyphoid _____		
Waist _____		
Gluteal Fold (Finished Length) _____		

(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 #:** \_\_\_\_\_

## DESIGN


**COMPLIANCE MONITOR** (1/4" Foam Only):

☐ YES ☐ NO

☐ **NBB-STANDARD**
☐ **NBB II-DYNAMIC LUMBAR PAD**
☐ **NBB LITE-EARLY INTERVENTION**
**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** (Limits & Magnitudes)

Thoracic \_\_\_\_\_ Apex \_\_\_\_\_

Lumbar \_\_\_\_\_ Apex \_\_\_\_\_

**LORDOSIS** Supine mx: \_\_\_\_\_

 In brace: ☐ 10° ☐ 20° ☐ Other: \_\_\_\_\_

(In brace 0° if not otherwise specified)

**MANUAL** ☐ ENGLISH ☐ SPANISH

**Special Instructions**

## TURNAROUND TIMES

 To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#)