

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

**CELL #:** \_\_\_\_\_

**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			<del>                    </del>
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 _____		
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

- |                                |  |                                |
|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> NBB-1 | <input type="checkbox"/> LT            | <input type="checkbox"/> Right |
| <input type="checkbox"/> NBB-2 | <input type="checkbox"/> RT            | <input type="checkbox"/> Left  |
| <input type="checkbox"/> NBB-3 | <input type="checkbox"/> Double        |                                |
| <input type="checkbox"/> NBB-4 | <input type="checkbox"/> Lumbar        |                                |
| <input type="checkbox"/> NBB-5 | <input type="checkbox"/> Thoracic      |                                |
|                                | <input type="checkbox"/> 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](#).