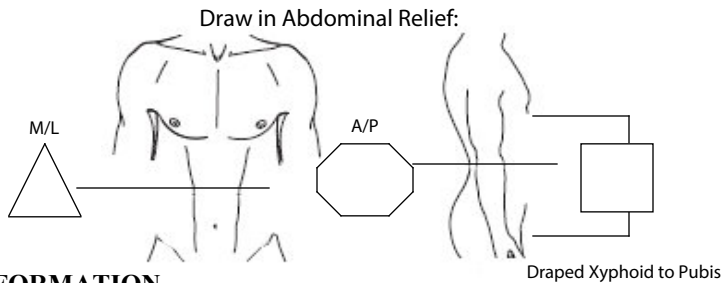


BOB MEASUREMENT FORM

Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ E-mail: _____
 Address: _____ PO#: _____ Phone: _____
 City: _____ State _____ Zip _____ Ship Via: _____ Fax: _____

PATIENT INFORMATION

Patient Name: _____
 Age: _____ Sex: _____ Ht: _____ Wt: _____
 Diagnosis: _____
 Previous wearer? Yes No



ORTHOSIS INFORMATION

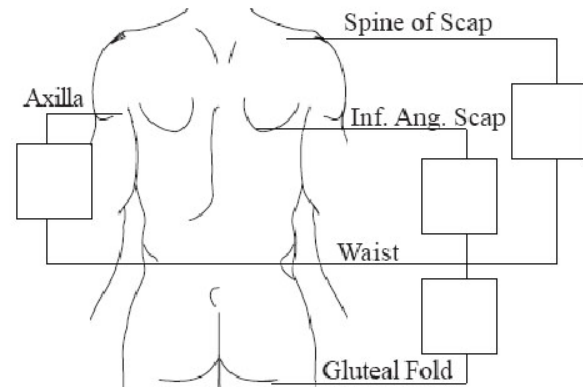
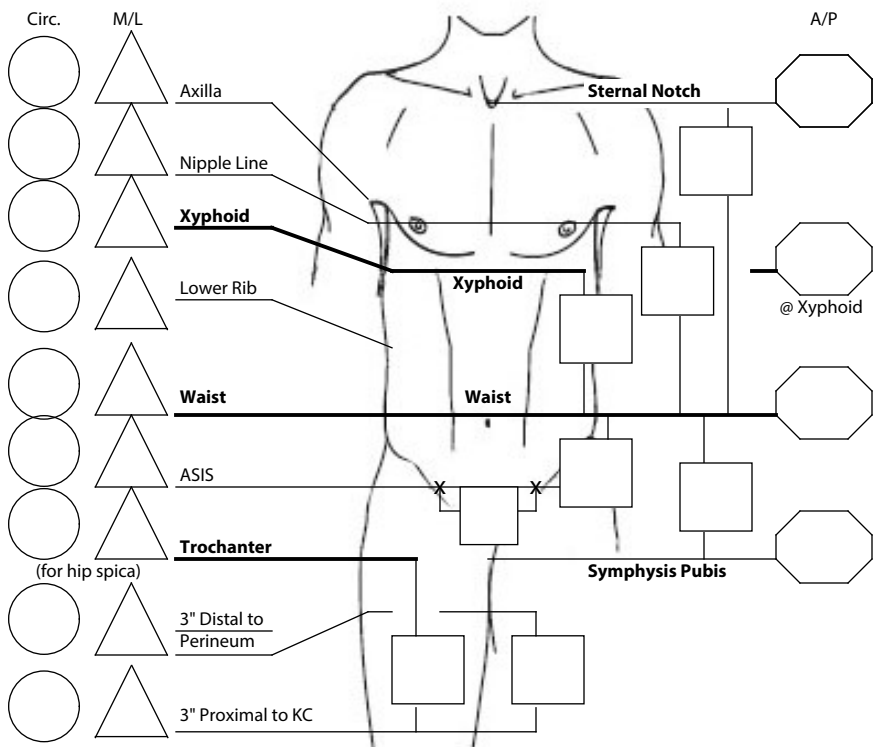
Finished? Yes No
 Measurement: Cast Scan Measure ONLY
 Scan Label: _____
 Modifications: As-Is 50% Full Symmetry
 Abdomen Relief: None XS S M L XL
 Transfer: _____
 Side: Left Right Hip Spica Additions
 Joint Type: Drop Lock B3- ROM
 Cuffs: Detached Integrated - Flexion: _____° Abduction: _____°
 Special Instructions or comments:

Design: Standard Separate Straps BOB Front
 15 degrees lordosis
 1/8" Low Density Polyethylene
 Unlined
 10 degree abdominal compression

Lordosis: _____
 Material: _____
 Liner: _____

MEASUREMENTS

Measurements taken: Standing Supine



Finished Measurements (LSO)

Pubis _____ Xyphoid _____
 Axilla _____ Seat _____
 Inf. Angle Scap _____ Mid Scapula _____

Finished Heights Standard Reduction