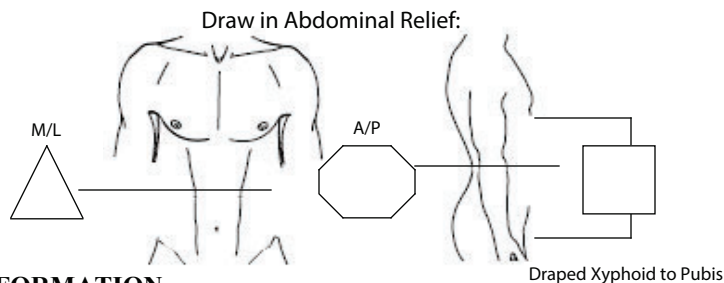


BOB MEASUREMENT FORM

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

PATIENT INFORMATION

Patient Name: _____
 Age: _____ Sex: ☐ Male ☐ Female 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

☐ Separate Straps
☐ BOB Front

Design: 15 degrees lordosis
 1/8" Low Density Polyethylene
 Unlined
 10 degree abdominal compression

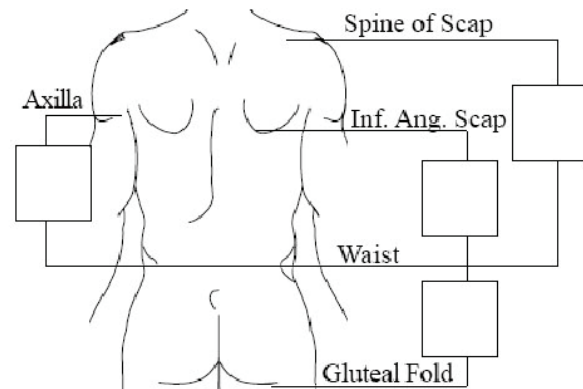
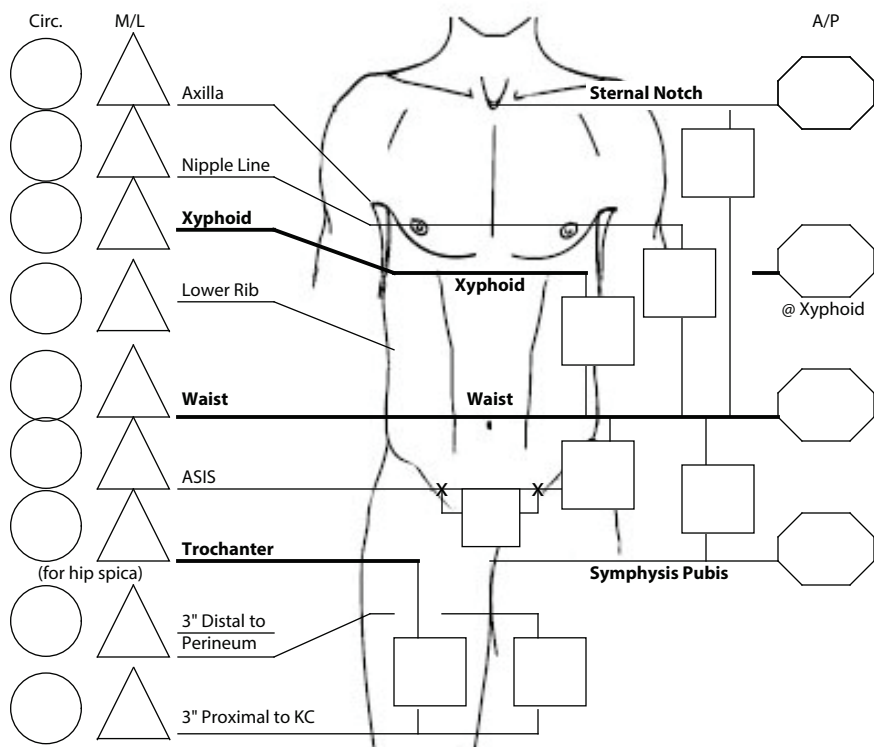
Lordosis: ☐ Standard
 Material: ☐ Liner: ☐

Transfer: _____
 Side: ☐ Left ☐ Right Hip Spica Additions
 Joint Type: ☐ Drop Lock ☐ B3- ROM
 Cuffs: ☐ Detached ☐ Integrated - Flexion: _____° Abduction: _____°

Special Instructions or comments:

MEASUREMENTS

Measurements taken: ☐ Standing ☐ Supine



Finished Measurements (LSO)

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

☐ Finished Heights ☐ Standard Reduction