Bob Measurement Form Due Date: Date: Ship To: E-mail Account: Address: Phone: State Zip Ship Via: Fax: PATIENT INFORMATION Draw in Abdominal Relief: Patient Name: ▼ Ht: Age: Sex: Wt: Diagnosis: Previous wearer? Yes ☐ No Draped Xyphoid to Pubis **ORTHOSIS INFORMATION** 15 degrees lordosis Design: ☐ No Finished? ☐ Yes 1/8" Low Density Polyethelyne Separate Straps Unlined Scan Measure ONLY Measurement: Cast 10 degree abdominal compression ☐ BOB Front Scan Label: Lordosis: Modifications: As-Is 50% Full Symmetry Material: None XS S M L XL Abdomen Relief: Liner: Transfer: **Hip Spica Additions** Side: Left Right Joint Type: Drop Lock B3- ROM Cuffs: Detatched Integrated - Flexion: Special Instructions or comments: ☐ Standing ☐ Supine Measurements taken: MEASUREMENTS Circ. Spine of Scap Sternal Notch Axilla Nipple Line **Xyphoid** Waist Lower Rib Xyphoid Waist Gluteal Fold Finished Measurements (LSO) Trochanter (for hip spica) Symphysis Pubis **Pubis Xyphoid** 3" Distal to Axilla Seat Perineum Inf. Angle Scap Mid Scapula 3" Proximal to KC Finished Heights ☐ Standard Reduction