



DME PRESCRIPTION FORM



609 E. Market St., Ste. 114, Charlottesville, VA 22902
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E: order@icarusmedical.com

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Member ID: \_\_\_\_\_

1. Choose Primary Indication (Required)

LEFT
M17.12 Left knee osteoarthritis
M22.2X2 Patellofemoral disorder, left knee
M22.42 Chondromalacia patella, left
RIGHT
M17.11 Right knee osteoarthritis
M22.2X1 Patellofemoral disorder, right knee
M22.41 Chondromalacia patella, right
M17.0 Bilateral primary osteoarthritis of knee
OTHER: \_\_\_\_\_

2. Choose Secondary Indication (Required)

M23.52 Left knee instability
M23.51 Right knee instability

NOTE: Primary + Secondary indication and custom brace justification must be noted in chart/notes. Knee instability may be justified by objective description of joint laxity shown by varus/valgus instability test, anterior/ posterior DRAWER test, or Lachman test.

Additional Comments: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

3. I am ordering a...

Custom Knee Brace L1846
I certify that I am ordering a CUSTOM Ascender knee orthosis, L1846 because an OTS brace has not been effective in treating their symptoms.
Upon my exam the patient has one of the following: (check one)
A deformity of the leg or knee
The leg is too small to fit an off the shelf orthosis
The leg is too large to fit an off the shelf orthosis
Minimal muscle mass upon which to suspend orthosis
OTS (Off-the-Shelf) Knee Brace L1845 or L1852
I certify that I am ordering an OTS Ascender knee orthosis.
Measurements:
Thigh \_\_\_\_\_ in
Knee \_\_\_\_\_ in
Calf \_\_\_\_\_ in
NOTE: The circumference measurements of the thigh and calf are to be taken 6 inches above and below the knee center. Reference sizing chart below to ensure an OTS brace is the proper selection.

Prognosis: \_\_\_\_\_
Duration: \_\_\_\_\_
Expected Therapeutic Effect: \_\_\_\_\_
\*NO SUBSTITUTION OF THIS DEVICE ALLOWED\*
\*AS THERE IS NO CLINICALLY EQUIVALENT

Table with 5 columns: Size, Thigh, Knee Center, Calf, Caliper\*. Rows include XS (x=1), S (x=2), M (x=3), L (x=4), and XL (x=5) with corresponding measurements.

Ordering Physician (PRINT): \_\_\_\_\_
Ordering Physician (Signature/No Stamp): \_\_\_\_\_
Date: \_\_\_\_\_ NPI Number: \_\_\_\_\_

Please fax the completed form, clinical notes, and insurance cards to
(434) 270-7278