

ORDER DATE: \_\_\_\_\_ PRESCRIBING PHYSICIAN: \_\_\_\_\_

• Required Field: Noted with an \* Options with an Up-Charge are Underlined

### ACCOUNT CONTACT INFORMATION\*

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

### SHIPPING PREFERENCE\*

☐ Next Day  
☐ 2-Day  
☐ Ground (Standard if no preference is selected)

### BILLING INFORMATION\*

PO # \_\_\_\_\_ Account \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### SHIPPING INFORMATION\*

Account \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PATIENT INFORMATION\*

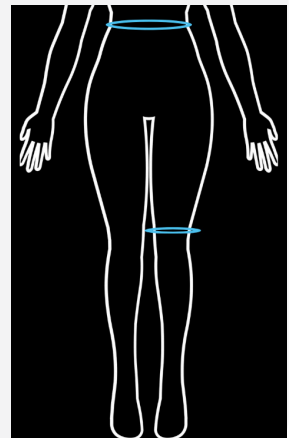
Name \_\_\_\_\_ Diagnosis \_\_\_\_\_  
Age \_\_\_\_\_  
Email \_\_\_\_\_ Height \_\_\_\_\_ (ft) \_\_\_\_\_ (in)  
Phone \_\_\_\_\_ Weight \_\_\_\_\_  
Gender ☐ Male ☐ Female Leg ☐ Left ☐ Right

### Required Measurements\*:

Circumference in Inches. Measure waist circumference at the navel or 1" above the widest part of the hips, and measure thigh circumference taken 2" above the knee center.

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

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



### ORDER INFORMATION\*

Brace Type\*:  
☐ Custom Fabricated (L1685)  
☐ Off-the-Shelf (L1686)  
Patient Model Type:  
(both required for custom)  
☐ Digital Scan  
☐ Measurements  
Shoulder Strap\*:  
☐ Yes (default)  
☐ No  
Range of Motion Hinge\*:  
(for post-op applications)  
☐ Yes  
☐ No  
Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Scanning and Measurement Instructions

### Custom Braces

Custom braces can be designed based on a scan plus required measurements.

### Scanning Guidance

1. While the patient is standing in a natural, weight-bearing position, take a scan using any 3D scanning tool, you may use the Icarus Medical scanning app.
2. Scan 270° around the affected side of the hip. Scans should cover 5" above the waist and include the knee.
3. Send scan as an STL or OBJ file to [order@icarusmedical.com](mailto:order@icarusmedical.com).

### Pre-Fabricated Braces

Circumference in Inches. Measure waist circumference at the navel or 1" above the widest part of the hips, and measure thigh circumference taken 2" above the knee center.

Requested Size: \_\_\_\_\_

| Size          | Waist Circumference | Thigh Circumference |
|---------------|---------------------|---------------------|
| Small/Medium  | 28" - 39"           | 15" - 21"           |
| Large/X-Large | 40" - 60"           | 22" - 32"           |



Scan to download the Icarus Medical App



Compatible with Apple  
iPhone X or newer.



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