

ORDER DATE: _____

PRESCRIBING PHYSICIAN: _____

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 _____

Age _____

Email _____

Height _____

Phone _____

Weight _____

Gender Male Female

Leg Left Right Shoe Size _____

Diagnosis: _____

ORDER DETAILS

Brace Type:

Custom Fabricated (L1970)

Pre-Fabricated (L1971)

Dial Position:

Lateral (default)

Medial

Rigid Arch Support:

Moderate (default)

None

Maximum

Navicular Support:

Moderate (default)

Loose Fit

Snug Fit

Footplate Length:

Metatarsal Length (default)

Full-Length Footplate

Ankle Strap:

None (default)

Standard dorsal strap

Slot strap varus correct

Slot strap valgus correct

Posting / Wedging:

None (default)

Neutral hindfoot post: _____ "

Medial wedge: _____ °

Lateral wedge: _____ °

Include Heel Cup: Yes No

A heel cup is automatically added under the following conditions (unless specified otherwise):

- Any ankle strap is selected
- Footplate medial or lateral trimlines are extended
- Patient weight exceeds 250 lbs.

Scan Correction:

Forefoot alignment corrected to neutral in all planes (default)

No scan correction

Other scan correction

1. What scan corrections are requested: _____

2. What degrees for each correction are requested: _____

Ankle alignment corrected to neutral in all planes (default)

No scan correction

Other scan correction

1. What scan corrections are requested: _____

2. What degrees for each correction are requested _____



Scanning and Measurement Instructions

Custom Braces

An custom AFO can be fabricated from either a cast or a scan, but a cast is preferred.

Scanning Guidance

1. Place the ankle in a neutral position while ensuring the patient is weight-bearing.
2. Using any 3D scanning tool (or the Icarus Medical scanning app), capture a full 360° scan of the limb from both high and low angles to ensure complete coverage for an accurate model. Capture a minimum of 12 inches from the ground.
3. Send scan as an STL or OBJ file to order@icarusmedical.com.

Casting Guidance

1. Cast the foot and leg, covering at least 12" from the ground. Mail cast to 609 E Market St. Suite 114, Charlottesville, VA 22902

Scan to Download the Icarus Medical App



Compatible with Apple
iPhone X or newer.



HERMES™ SIZE CHART

AFO Size	US Women's Shoe Size	US Men's Shoe Size	Maxium MetHead Width	Maxium Malleolar Width	Brace Height	Maxium Circumference at Brace Top
Small	7 - 9	6 - 8	3.5"	2.6"	13"	15.2"
Medium	9.5 - 11.5	8.5 - 10.5	3.9"	2.9"	14"	16.9"
Large	12 - 14	11 - 13	4.3"	3.2"	15"	18.6"



Pre-Fabricated Braces

For OTS sizing, reference the Hermes Size Chart and document the measurements below. Patients who fall outside the listed parameters, a custom AFO is recommended.

MetHead Width: _____
 Malleolar Width: _____
 Circ. at Brace Top: _____
 Requested Size: _____

SPECIAL INSTRUCTIONS AND NOTES

L-CODE GUIDANCE

BASE CODES

- **L1970** – AFO, plastic, with ankle joint, custom fabricated
- **L1971** – AFO, plastic, with ankle joint, prefabricated

ADD-ON CODES

- **L2210** (x2) – Addition, ankle joint, each
- **L2820** (x1) – Addition, soft interface for molded lower extremity orthosis
- **L2270** (x1) – Addition, varus/valgus correction



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