

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

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 #: \_\_\_\_\_ Company/Account : \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SHIPPING INFORMATION**

Same as Billing  
Company/Account : \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PATIENT INFORMATION**

Name\*: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female  
Email: \_\_\_\_\_ Height\*: \_\_\_\_\_ (in.) Leg:  Left  Right  
Phone: \_\_\_\_\_ Weight\*: \_\_\_\_\_ (lbs.) Shoe Size: \_\_\_\_\_ (US Size)  
Diagnosis: \_\_\_\_\_

**ORDER DETAILS**

Patient Model Type\* :  Scan  Cast

**Brace Type\*:**

Custom Fabricated (L1970)  
 Pre-Fabricated (L1971)  
*If selected skip to page 2 for size chart and selection*

**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 recommended for patient with:  
- Calcaneus / Hindfoot Instability  
- To reduce excessive ankle inversion and eversion

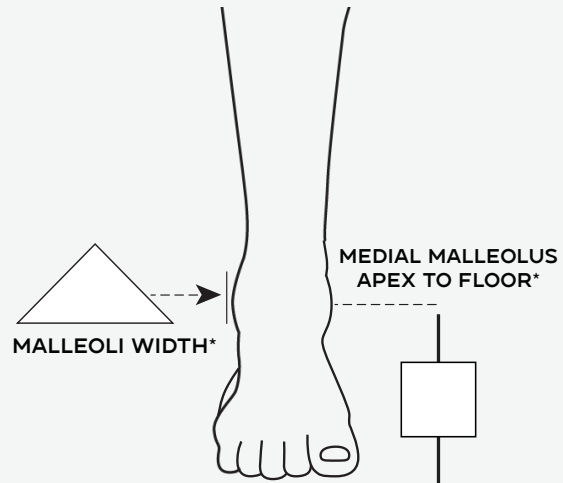
**Scan Correction - Forefoot:**

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: \_\_\_\_\_

**Scan Correction - Ankle:**

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: \_\_\_\_\_

**Required Measurements for Custom Fabricated\*:**



# Scanning and Measurement Instructions

## Custom Braces

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

## Scanning Guidance

1. Roll pant leg above the knee; For bilateral orders, both legs MUST be rolled.
2. Socks are optional; Leave high socks (mid-calf/knee length) up.
3. Tape insoles to the bottom of the foot if they are to be included in the fitment.
4. Elevate leg
  - a. **Preferred:** Kneel on a stable surface like a chair with the lower leg unsupported and parallel to the floor.
  - b. **Alternative:** Sit on a raised surface like an exam table with the foot free and raised at least 6" from the floor.
5. Using any 3D scanning tool (or the Icarus Medical scanning app), Capture 360° from the knee down including the lower leg, ankle (both malleoli), hindfoot, and forefoot.
6. Send scan as an STL or OBJ file to order@icarusmedical.com.
7. For more detailed guidance and video instructions scan the QR code to the right.

## 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

## Scanning Instructions



## Icarus Medical Scanning App



Compatible with Apple iPhone X or newer.



# HERMES™

## OTS SIZE CHART

Size	US Women's Shoe Size	US Men's Shoe Size	Maxium MetHead Width	Maxium Malleolar Width	Maxium Circumference at 13" Above Floor
Small	7 - 9	6 - 8	3.5"	2.6"	15.2"
Medium	9.5 - 11.5	8.5 - 10.5	3.9"	2.9"	16.9"
Large	12 - 14	11 - 13	4.3"	3.2"	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 13": \_\_\_\_\_

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

## SPECIAL INSTRUCTIONS AND NOTES

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## 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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