

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 _____ Diagnosis _____
Email _____ Height _____ (ft) _____ (in) _____
Phone _____ Weight _____
Gender Male Female Leg Left Right

ORDER INFORMATION

Patient Model Type:

Digital Scan
 Cast

Note: A minimum prosthesis height of 5 inches below the knee center is required for proper mounting and secure attachment of the Pegasus brace system.

Brace Type:

Custom Fabricated (L1846)

Special Instructions:

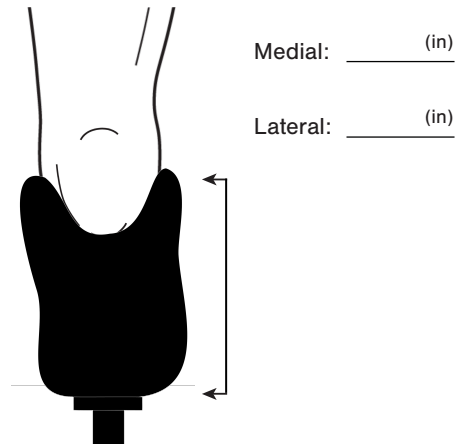
Key Lock Plug:

Yes
 No

Scanning Instructions

- 1 While the patient is standing shoulder-width apart, the leg fully extended, and weight bearing, begin the scan.
- 2 Perform a full 360° scan. Be sure to capture approximately 8 inches above the knee center and include all aspects of the socket. A second scan of the socket alone may be necessary to ensure full coverage and detail.
- 3 Include the following with your scan submission: One or more images of the patient wearing the prosthesis with clear markings indicating the knee center and both medial and lateral condyles.

Measurements: Condyle to Bottom of Socket



Scan to download the Icarus Medical App



Compatible with Apple iPhone X or newer.



609 E MARKET STREET, SUITE 114, CHARLOTTESVILLE, VA 22902
P: 888.492.1101 F: 434.270.7278 E: ORDER@ICARUSMEDICAL.COM

WWW.ICARUSMEDICAL.COM

Copyright © 2025 Icarus Medical Innovations. All rights reserved.