ICARUS
ADONIS™

SEND COMPLETED ORDERS TO:
order@dynamiclabservices.com

Dynamic LAB SERVICES

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 _____ (ft) _____ (in)

Phone _____ Weight _____

Gender ☐ Male ☐ Female

Pain Level:
(1-10, 10 being the most)
Medial: _____
Lateral: _____

Alignment:
Degrees Varus: _____
Degrees Valgus: _____

Leg ☐ Left ☐ Right

ORDER INFORMATION

Brace Type:
- ☐ Custom Fabricated (L1844)
- ☐ Custom Fitted (L1843)
- ☐ Off-the-Shelf (L1851)

Affected Compartment:
- ☐ Medial
- ☐ Lateral

Patient Model Type:
- ☐ Digital Scan
- ☐ Cast
- ☐ Measurements

Anti-Migration Accessories:
- ☐ Supplex / Lycra Undersleeve*

**Additional charges apply*

Needed Measurements:
(Circumference in Inches)
6" Above Knee Center: _____
Knee Center: _____
6" Below Knee Center: _____

Special Instructions:
(Degree of varus adjustment, text engraving, etc.)
_____
_____
_____
_____

Scanning and Measurement Instructions

Custom Braces

Custom braces can be designed based on either a scan or a cast.

Scanning Guidance

1. While the leg is weight-bearing and at full extension, take a scan using any 3D scanning tool—you may use the Icarus Medical scanning app.
2. If scanning for a medial unloader, scan 270° around the medial side of the knee. If scanning for a lateral unloader, scan 270°around the lateral side of the knee. Scans should cover 8" above and below the knee.
3. Send scan as an STL or OBJ file to **order@dynamiclabservices.com.**

Casting Guidance

1. Cast the leg, covering at least 8" above and below the knee. Mail cast to 609 E Market St. Suite 114, Charlottesville, VA 22902

Pre-Fabricated Braces

Measure the circumeference around the calf, 6" below the knee center.

Calf Measurement: _____
Requested Size: _____

Sizing Guide

Size	Inches	Centimeters
X-Small	9 - 11 in.	23 - 28 cm.
Small	11 - 14 in.	28 - 36 cm.
Medium	14 - 16 in.	36 - 41 cm.
Large	16 - 18 in.	41 - 46 cm.
X-Large	18 - 20 in.	46 - 51 cm.

Scan to download the Icarus Medical App

Download on the App Store

Compatible with Apple iPhone X or newer.

609 E MARKET STREET, SUITE 114, CHARLOTTESVILLE, VA 22902
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