ICARUS HERMES™

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 _____

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

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

P: 888.492.1101 F: 434.270.7278

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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 or 12 inches from the ground.
3. Send scan as an STL or OBJ file to **order@dynamiclabservices.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.

Download on the App Store

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″

ICARUS®

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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