

ASCENDER

ORDER FORM

ORDER DATE: _____

ACCOUNT CONTACT INFORMATION

Name: _____
Email: _____
Phone: _____

SHIPPING PREFERENCE

Ground
 Next Day
 2-Day (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: _____ Pain Level (1-10): _____
Email: _____ Height: _____ (in) Patellofemoral: _____
Phone: _____ Weight: _____ (lbs) Medial: _____
Gender: Male Female Leg: Left Right Lateral: _____

ORDER INFORMATION

Brace Type:

Custom Fabricated (L1846)
 Custom Fitted (L1845)
 Off-The-Shelf (OTS) (L1852)

Patient Model Type:

Digital Scan
 Cast
 Measurements

Anti-Migration System:

Lower-Load Distributor
 Integrated Suspension Wrap
 Suspension Over Wrap

Accessory Options:

Flexion/Extension Stop Kit
 Cotton Undersleeve*
 Cotton Oversleeve*
 Custom Color*
 Patella Stabilizer*
 Medial Adjustment
 Lateral Adjustment

*Additional charges apply

Special Instructions:

(E.g. "American Flag engraving and...")

SCANNING AND MEASUREMENT INSTRUCTIONS

I. While leg is weight-bearing at full extension, take a scan around the front of the leg, 8" above and below the patella. Be sure to capture the inside and outside of the leg (about 270°). Save the scan.

II. Select your scan and select "Send Scan." Mark the center of the knee with a "+." Tap the blue camera icon to take a photo of the front of the knee.

III. Enter the patient's first and last name and your email address. Tap the blue "Send Scan" button. Include any special instructions.



MEASUREMENTS

(For OTS only, if no scan taken)

Circumferences:

6" above mid-patella: _____

M-L (+): _____

6" below mid-patella: _____

Caliper: _____

Scan to download the Icarus Medical App

