

1236 W. Southern Ave. #101, Tempe, AZ 85282 | Phone 855.450.7300 | Fax 480.361.4526 | rushfoot.com



Order Date: _____ Req Ship Date: _____ Date Needed By: _____

Prosthetist Name: _____ P.O.#: _____

What prosthetic foot brand and model is being replaced? _____

Special Order Notes: _____

Bill To: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

(Mandatory – Required for Shipping Confirmation)

Ship To: Same as Billing Address

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Email: _____

Note: If warranty or 60-day return re-order, please call Customer Service prior to ordering.

Patient Data

Name/ID# _____ Age _____ Gender: Male Female

Foot Size (in): _____ Weight (lbs): _____ Height: (in): _____ Stiffness Category (1-9): _____

Amputation Side: Left Right Bilateral Residual Limb: Short Medium Long

Level: Transtibial-BK Transfemoral-AK Disarticulate Symes Special Needs: _____

Foot Shell Color Option: Light Dark

Proximal Adapter: Select one for RUSH HiPro® or HiPro H2O only: Male or Female **AND** Fixed or Rotatable
 RUSH LoPro®, LoPro H2O, Kid, and Rover Male Fixed ONLY
 The RUSH ROGUE® and ROGUE H2O are only available with a fixed male
 Chopart no adapter available

Activity Level:

Low-walking, golfing Medium-hiking, skiing High-baseball, wakeboarding High Impact-sprinting, basketball

Clearance Measurement (inches*) _____

(*From most distal aspect of socket to the ground. Include space for a liner, shuttle lock, or patient specific componentry.)