

1236 W. Southern Ave. #101, Tempe, AZ 85282 | Phone 855.450.7300 | Fax 480.361.4526 | [rushfoot.com](http://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 (cm): \_\_\_\_\_ 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.)