



Human First

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LoPro



Chopart



HiPro



RAMPAGE



ROGUE H2O

HiPro H2O

LoPro H2O



Rover



Kid



ROGUE



EVAQ8 ROGUE

EVAQ8 HiPro

EVAQ8 LoPro

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: _____

Country: _____ Postal Code: _____

Phone: _____

Email: _____

(Mandatory – Required for Shipping Confirmation)

Ship To:

Same as Billing Address

Name: _____

Address: _____

City: _____

Country: _____ Postal 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 (kg): _____ Height: (cm): _____ 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®, HiPro H2O or EVAQ8 HiPro only: Male or Female **AND** Fixed or Rotatable
RUSH LoPro®, LoPro H2O, EVAQ8 LoPro, RAMPAGE, Kid, and Rover Male Fixed ONLY
The RUSH ROGUE®, ROGUE H2O and EVAQ8 ROGUE are only available with a fixed male
Chopart no adapter available.

Patient Wears a Seal-in Liner: Yes No (Applies to EVAQ8 orders only)

Activity Level:

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

Clearance Measurement (cm*) _____

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

Call us toll-free at 001.855.450.7300 or visit us at proteorusa.com