



Human First

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Chopart



HiPro



LoPro



RAMPAGE



ROGUE H2O

HiPro H2O

RAMPAGE LP H2O

RAMPAGE H2O



Rover



Kid



ROGUE



EVAQ8 ROGUE

EVAQ8 HiPro

EVAQ8 RAMPAGE LP

EVAQ8 RAMPAGE

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# \_\_\_\_\_

Foot Size (cm): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

Stiffness Category: \_\_\_\_\_

Amputation Side:  Left  Right  Bilateral

Residual Limb:  Short  Medium  Long

Foot Shell Color Option:  Light  Dark

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

Call us toll-free at 855.450.7300 or visit us at [proteorusa.com](http://proteorusa.com)