PROTEOR USA

RUSH FOOT® ORDER FORM

FREEDOM INNOVATIONS

RUSH FOOT

RUSH FOOT®

FOOT MODULE			
PRODUCT	ID	SIZE	CATEGORY
HiPro	HIP	22-29	1-9*
ROGUE 2	ROG2		
RAMPAGE	RAM		
RAMPAGE LP	RAMLP		
HiPro EVAQ8	EVQH		
ROGUE 2 EVAQ8	EVQR2		
RAMPAGE EVAQ8	EVRAM		
RAMPAGE LP EVAQ8	EVRAMLP		
HiPro H2O	H2H		
ROGUE 2 H2O	H2R2		
RAMPAGE H2O	H2RAM		
RAMPAGE LP H2O	H2RAMLP		
ROVER	ROV	22-30	
Chopart	CHO		0-9*
Kid	KID	19-21	1P-8P*

**Category selections vary with sizes. Please refer to category selections available for each product.*

NOTE: Increasing category numbers indicate increased keel response.
FOR BILATERAL PATIENTS: Increase by one category for added stability.

FOOT MODULE		
ID	SIZE	CATEGORY

EVAQ8 ORDERS:
Patient wears a seal-in-liner:
☐ Yes ☐ No

NOTE: Black Spectra Sock and Heel Wedge included in each Foot Module delivery (excluding H2O Models).

FOOT SHELL				
PRODUCT	ID	SIZE	SIDE	COLOR
HiPro	FS	22-29	**L:** Left **R:** Right	**1:** Light **3:** Dark
ROGUE 2				
RAMPAGE				
RAMPAGE LP				
HiPro EVAQ8				
ROGUE 2 EVAQ8				
RAMPAGE EVAQ8				
RAMPAGE LP EVAQ8				
Chopart		22-30		
ROVER	FSK			
Kid		19-21		

FOOT SHELL			
ID	SIZE	SIDE	COLOR

FOOT SHELLS ARE NOT INCLUDED WITH FOOT MODULES AND MUST BE ORDERED SEPARATELY.

NOTE: If Warranty or 60-Day Return Re-Order, please call Customer Service prior to ordering.

ORDER DATE: _____ REQ SHIP DATE: _____ NEED BY DATE: _____

SHIP VIA: ☐ Ground ☐ 2-Day ☐ Next Day ☐ Early AM

PROSTHETIST NAME: _____ P.O. #: _____

FOOT BRAND AND MODEL BEING REPLACED: _____

SPECIAL ORDER NOTES: _____

BILL TO

NAME: _____

ADDRESS: _____

_____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL*: _____

SHIP TO (SAME AS BILLING ADDRESS) ☐

NAME: _____

ADDRESS: _____

_____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

(*REQUIRED FOR SHIPPING CONFIRMATION)

PATIENT DATA *(Section does not need to be filled out if patient data is listed on the P.O.):*

NAME/ID#: _____ AGE: _____ GENDER: ☐ M ☐ F

FOOT SIZE (cm): _____ WEIGHT (lbs): _____ HEIGHT: _____ft _____in

AMPUTATION: ☐ Left ☐ Right ☐ Bilateral MODULE: ☐ Left ☐ Right ☐ Both

LEVEL: ☐ Transtibial-BK ☐ Transfemoral-AK ☐ Hip Disartic-HD ☐ Knee Disartic-KD ☐ Symes

ACTIVITY LEVEL: ☐ Low (walking, golfing) ☐ Medium (hiking, skiing) ☐ High (basketball, wakeboarding) ☐ High-Impact (sprinting, basketball)

CLEARANCE MEASUREMENT (in): _____

(From most distal aspect of socket to the ground. Include space for a liner, shuttle lock, etc.)

PATIENT NOTES: _____

RETURNS, ADJUSTMENTS, CREDITS

We are committed to the complete satisfaction of the prosthetist and amputee. We deliver most products with a 60-day “Satisfaction Guarantee.” If you are dissatisfied with a PROTEOR USA standard production product for any reason, you may return it for a full refund within 60 days of the original invoice date.Modular components and liners can be returned within 60 days of purchase only if their packaging is unopened. All returns require a Return Authorization Number (RA#), which is obtained by calling PROTEOR USA Customer Service or the Distributor through which the product was originally ordered. No returns will be accepted without an RA#.

A restocking fee of 20% may be applied to orders returned after the 60-day Satisfaction Guarantee.

INTERNAL USE

CS Rep: _____ Date: _____ Order #: _____

Human First