

Order Date: _____ Requested Ship Date: _____

Ordered By: _____ Ship Via: Ground 2nd Day Next Day Early AM

PO #: _____ Ship Notes: _____

Special Order Notes: _____

Bill To:

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

Ship To:

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

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

Patient Data:

Name/ID#: _____ Age: _____ Gender: M F

Foot Size (cm): _____ Weight (lbs): _____ Height: _____ ft _____ in

Amputation: Left Right Bilateral

Module Needed: Left Right Both

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

Skin Tone: Light Medium Dark

Low Activity (K2-K3) Typical daily living, walking, golf, bicycling

Moderate Activity (K3) Repetitive activities, recreational sports, jogging, dancing

High Activity (K3-K4) Rigorous activities, competitive sports, running, power lifting, snowboarding

Clearance Measurement (inches): _____

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

Patient Notes: _____

Returns, Adjustments, Credits

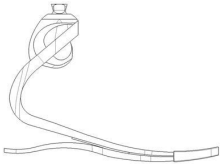
We are committed to the complete satisfaction of the prosthetist and amputee. We deliver most products with a 60 day "Satisfaction Guarantee." If you are dissatisfied with a ProteorUSA standard production product for any reason, you may return it for a full refund within 60 days of the original invoice 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 ProteorUSA 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 #: _____

Product Selection Page 3

Please complete appropriate data fields for your selection.

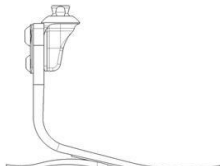


Freedom Agilix™

Agilix™ (F15)

Sizes (22-31cm) _____ Stiffness Category (1-9) _____

- Foot Shell Mid-profile No Cap Mid-profile With Cap High-profile
(default)
 Sandal Toe No Shell
(22-28cm)

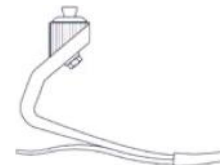


Freedom DynAdapt™

DynAdapt™ (F10)

Sizes (22-31cm) _____ Stiffness Category (1-9) _____

- Foot Shell Mid-profile No Cap Mid-profile With Cap High-profile
(default)
 Sandal Toe No Shell
(22-28cm)



Freedom Sierra®

Sierra® (FS1)

Sizes (22-31cm) _____ Stiffness Category (1-9) _____

- Foot Shell Mid-profile No Cap Mid-profile With Cap High-profile
(default)
 Sandal Toe No Shell
(22-28cm)



Freedom Highlander®

Highlander® (FS3)

Sizes (22-31cm) _____ Stiffness Category (1-9) _____

- Foot Shell Mid-profile No Cap Mid-profile With Cap High-profile
(default)
 Sandal Toe No Shell
(22-28cm)

Highlander Max Foot, rated to 500 lbs (7-10 day lead time)

(Sizes: 26-31cm; Category: 10-12)

HD 34 mm Component Kit for users weighting up to 500 lbs



Freedom Pacifica®

Pacifica® (FS2)

Sizes (24-31cm) _____ Stiffness Category (1-9) _____

- Foot Shell Mid-profile No Cap Mid-profile With Cap High-profile
(default)
 Sandal Toe No Shell
(24-28cm)



Freedom Pacifica® LP

Pacifica® LP (FS4)

Sizes (22-31cm) _____ Stiffness Category (1-9) _____

- Foot Shell Mid-profile No Cap Mid-profile With Cap High-profile
(default)
 Sandal Toe No Shell
(22-28cm)

REV B 10/2021