

RUSH FOOT® ORDER GUIDE AND FORM



| FOOT MODULE GUIDE | | | | |
|-------------------|---------|-------|----------|--------------------------------------------------------------|
| PRODUCT | ID | SIZE | CATEGORY | TOE CONFIGURATION |
| ROGUE 2 | ROG2 | 22-29 | 1-9* | RU: Regular Universal SR: Sandal Right SL: Sandal Left |
| ROGUE 2 EVAQ8 | EVQR2 | | | |
| HiPro | HIP | | | |
| RAMPAGE | RAM | | | |
| RAMPAGE LP | RAMLP | | | |
| HiPro EVAQ8 | EVQH | | | |
| RAMPAGE EVAQ8 | EVRAM | | | |
| RAMPAGE LP EVAQ8 | EVQRAML | | | |
| ROGUE 2 H2O | H2H | | | RU: Regular Universal |
| HiPro H2O | H2R2 | | | |
| RAMPAGE H2O | H2RAM | | | |
| RAMPAGE LP H2O | H2RAMLP | | | |
| ROVER | ROV | 22-30 | | |
| Chopart | CHO | 19-30 | 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.

| STANDARD FOOT SHELL GUIDE (RU) with CAP | | | | |
|-----------------------------------------|-----|-------|---------------------|---------------------|
| PRODUCT | ID | SIZE | SIDE | SKIN TONE |
| 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 | FSK | 22-30 | | |
| ROVER | | | | |
| Kid | | 19-21 | | |

| SANDAL TOE FOOT SHELL GUIDE (SR/SL) NO CAP (ROGUE 2 AND ROGUE 2 EVAQ8 ONLY) | | | | |
|--------------------------------------------------------------------------------|--------|-------|-------------------------------------|-------------------------------------|
| PRODUCT | ID | SIZE | SIDE | TOE CONFIGURATION |
| ROGUE 2 | FTC-4R | 22-29 | L4: Light M4: Medium D4: Dark | SR: Sandal Right SL: Sandal Left |
| ROGUE 2 EVAQ8 | | | | |

| FOOT MODULE ORDER | | | |
|-------------------|------|----------|-----|
| ID | SIZE | CATEGORY | TOE |
| | | | |

EVAQ8 ORDERS:

Patient wears a seal-in-liner:

☐ Yes ☐ No

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



Foot Shells are **not** included with foot modules and must be ordered separately.

| STANDARD FOOT SHELL ORDER (RU) | | | |
|--------------------------------|------|------|-----------|
| ID | SIZE | SIDE | SKIN TONE |
| | | | |



| SANDAL TOE FOOT SHELL ORDER (SR/SL) (NO CAP) (ROGUE 2 AND ROGUE 2 EVAQ8 ONLY) | | | |
|----------------------------------------------------------------------------------|------|-----------|-----|
| ID | SIZE | SKIN TONE | TOE |
| FTC-4R-1 | | | |

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 #: _____