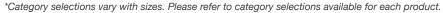


RUSH FOOT® ORDER GUIDE AND FORM

FOOT MODULE GUIDE					
PRODUCT	ID	SIZE	CATEGORY	TOE CONFIGURATION	
ROGUE 2	ROG2			RU: Regular Universal	
ROGUE 2 EVAQ8	EVQR2				SR: Sandal Right SL: Sandal Left
HiPro	HIP				
RAMPAGE	RAM				
RAMPAGE LP	RAMLP				
HiPro EVAQ8	EVQH	22-29			
RAMPAGE EVAQ8	EVRAM		1-9*		
RAMPAGE LP EVAQ8	EVQRAMLP			RU: Regular Universal	
ROGUE 2 H2O	Н2Н				
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*		



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						
ROGUE 2						
RAMPAGE						
RAMPAGE LP		22-29				
HiPro EVAQ8	FS					
ROGUE 2 EVAQ8			L: Left R: Right	1: Light 3: Dark		
RAMPAGE EVAQ8			····	O. Bark		
RAMPAGE LP EVAQ8						
Chopart		00.00				
ROVER	FSK	22-30				
Kid	FON	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	FTO 4D	00.00	L4: Light	SR: Sandal Right	
ROGUE 2 EVAQ8	FTC-4R	22-29	M4: Medium D4: Dark	SL: Sandal Left	



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	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					



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 RE	PLACED:			
SPECIAL ORDER NOTES:				
BILL TO		SHIP TO (SAM	ME AS BILLING ADI	DRESS)
NAME:		NAME:		
ADDRESS:				
CITY:STATE:	ZIP:	CITY:	STATE:	ZIP:
PHONE:		PHONE:		
EMAIL*:		EMAIL:		
PATIENT DATA (Section does not nee NAME/ID#:		·		□ F
FOOT SIZE (cm): AMPUTATION: \(\Bigcap \) Left \(\Bigcap \) Right \(\Bigcap \) Bil				III
LEVEL: Transtibial-BK Trans				□ Symes
ACTIVITY LEVEL: ☐ Low (walking, gol ☐ High-Impact (sprinting, basketball)				
CLEARANCE MEASUREMENT (in): (From most distal aspect of socket to the	e ground. Include	space for a liner, sh	uttle lock, etc.)	
PATIENT NOTES:				
RETURNS, ADJUSTMENTS, CRE	EDITS			
We are committed to the complete satisfied 60-day "Satisfaction Guarantee." If you any reason, you may return it for a full r liners can be returned within 60 days of Authorization Number (RA#), which is a through which the product was original	are dissatisfied w efund within 60 da purchase only if t obtained by calling	ith a PROTEOR US, ays of the original in heir packaging is ur J PROTEOR USA Cu	A standard production p voice date.Modular com nopened. All returns requ ustomer Service or the D	roduct for ponents and iire a Return
A restocking fee of 20% may be appl	ied to orders retu	irned after the 60-c	day Satisfaction Guara	ntee.
INTERNAL USE				
CS Rep:	Date:		Order #:	



