



*Human First*

1236 W. Southern Ave. #101, Tempe, AZ 85282 | Phone 855.450.7300 | Fax 480.361.4526 | [proteorusa.com](http://proteorusa.com)



☐ Chopart



☐ HiPro



☐ RAMPAGE LP



☐ 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 (lbs): \_\_\_\_\_

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

Amputation Side: ☐ Left ☐ Right ☐ Bilateral

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)**