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|---|--|--|--|--|---|--|--|--|
|  <input type="checkbox"/> LoPro |  <input type="checkbox"/> Chopart |  <input type="checkbox"/> HiPro |  <input type="checkbox"/> RAMPAGE |  <input type="checkbox"/> ROGUE H2O
<input type="checkbox"/> HiPro H2O
<input type="checkbox"/> LoPro H2O |  <input type="checkbox"/> Rover |  <input type="checkbox"/> Kid |  <input type="checkbox"/> ROGUE |  <input type="checkbox"/> EVAQ8 ROGUE
<input type="checkbox"/> EVAQ8 HiPro
<input type="checkbox"/> EVAQ8 LoPro |
|---|--|--|--|--|---|--|--|--|

Date Needed By: _____

Prosthetist Name: _____ P.O.#: _____

Repeat RUSH user:

Bill To: _____	Ship To: _____ <input type="checkbox"/> Same as Billing Address
Name: _____	Name: _____

Note: If warranty or 60-day return re-order, please call Customer Service prior to ordering.

Patient Data

Name/ID# _____ Age* _____ Gender*: Male Female

Foot Size* (cm): _____ Weight* (lbs): _____ Height* (in): _____ Stiffness Category (1-9): _____

Amputation Side*: _____ Residual Limb: _____

Level*: _____

Foot Shell Color Option*:

Proximal Adapter:
Select one for RUSH HiPro®, HiPro H2O or EVAQ8 HiPro only: Male or Female **AND** Fixed or Rotatable
RUSH LoPro®, LoPro H2O, EVAQ8 LoPro, RAMPAGE, Kid, and Rover Male Fixed ONLY
The RUSH ROGUE®, ROGUE H2O and EVAQ8 ROGUE are only available with a fixed male
Chopart no adapter available.

Patient Wears a Seal-in Liner:
(Applies to EVAQ8 orders only)

Activity Level*:

*Required to complete order