



1236 W. Southern Ave. #101, Tempe, AZ 85282 | Phone 855.450.7300 | Fax 480.361.4526 | shop.proteorusa.com



☐ Chopart



☐ HiPro



☐ RAMPAGE LP



☐ RAMPAGE



☐ ROGUE 2 H2O

☐ HiPro H2O

☐ RAMPAGE LP H2O

☐ RAMPAGE H2O



☐ Rover



☐ Kid



☐ ROGUE 2



☐ ROGUE 2 EVAQ8

☐ HiPro EVAQ8

☐ RAMPAGE LP EVAQ8

☐ RAMPAGE EVAQ8

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 (kg): _____

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 **shop.proteorusa.com**