



Human First

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- RUSH** LoPro
- RUSH** Chopart
- RUSH** HiPro
- RUSH** H2O COLLECTION
- ROGUE H2O
- HiPro H2O
- LoPro H2O
- RUSH** ROVER
- Rover
- RUSH** KID
- Kid
- RUSH** ROGUE
- ROGUE
- RUSH** EVAQ8 COLLECTION
- EVAQ8 ROGUE
- EVAQ8 HiPro
- EVAQ8 LoPro

Date: _____ Date Needed By: _____

Prosthetist Name: _____ P.O.#: _____

What prosthetic foot brand and model is being replaced? _____

Special Order Notes: _____

Bill To:

Ship To: Same as Billing Address

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Country: _____ Postal Code: _____

Country: _____ Postal Code: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

(Mandatory – Required for Shipping Confirmation)

Patient Data

Identification Number* _____ Age _____ Gender: Male Female

*Do not put the patient's name, initials or date of birth (RPGD)

Foot Size (cm): _____ Weight (kg): _____ Height (cm): _____ Stiffness Category (1-9 or 1P-5P for Kids): _____

Amputation Side: Left Right Bilateral Residual Limb: Short Medium Long

Impact Level:

Low: walking, golfing Medium: hiking, skiing High: baseball, wakeboarding High Impact: sprinting, basketball

Clearance Measurement (cm*) _____

(*From most distal aspect of socket to the ground. Include space for a liner, shuttle lock, or patient specific componentry.

Foot Shell Color Option (except RUSH H2O): Light Dark

Proximal Adapter:

For HiPro, HiPro H2O, HiPro EVAQ8, LoPro, LoPro H2O, LoPro EVAQ8, ROGUE, ROGUE H2O, ROGUE EVAQ8, Rover and Kid are only available with a fixed male

Chopart no adapter available

Patient Wears a Seal-in Liner: Yes No (Applies to EVAQ8 orders only)

To be send by email ht.orthopedie@proteor.com or by fax au 03 80 78 42 15

For more information, call us at +33 3 80 78 42 10