



PodScan Orthotic Prescription

1/28 Concord Crs Carrum Downs
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Practitioner Information

Name : _____

Practice Name: _____

Intrinsic Forefoot Correction

	Left		Right	
	Inv	Ev	Inv	Ev
Modified Root	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blake Inverted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lat FFT (Valgus) Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Med FFT (Varus) Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Intrinsic Rearfoot Correction

	Left	Right
Skive	<input type="checkbox"/> 0 mm	<input type="checkbox"/> 0 mm

Cast Modifications

	Left	Right
Lat heel expansion	<input type="checkbox"/>	<input type="checkbox"/>
Cuboid Notch	<input type="checkbox"/>	<input type="checkbox"/>
PFA	<input type="checkbox"/>	<input type="checkbox"/>
Lat plantar grind	<input type="checkbox"/>	<input type="checkbox"/>
Arch height	<input type="checkbox"/>	<input type="checkbox"/>
Dananburg Style	<input type="checkbox"/>	<input type="checkbox"/>
Arch contour	<input type="checkbox"/>	<input type="checkbox"/>
A	<input type="checkbox"/>	<input type="checkbox"/>
Standard	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Arch Peak @	<input type="checkbox"/>	<input type="checkbox"/>
STT	<input type="checkbox"/>	<input type="checkbox"/>
Navic	<input type="checkbox"/>	<input type="checkbox"/>
Cuneiform	<input type="checkbox"/>	<input type="checkbox"/>

Polypropylene

Grey	3mm	4.5mm
White	3mm	
Natural	3mm	4mm
EVA	260 300 350 400	

<input type="checkbox"/>	2mm Poly Soft Combo
<input type="checkbox"/>	Plantar Fill EVA _____ (density)

Full 3/4

	Full	3/4
EVA Direct Milled	<input type="checkbox"/>	<input type="checkbox"/>
260	<input type="checkbox"/>	<input type="checkbox"/>
300	<input type="checkbox"/>	<input type="checkbox"/>
350	<input type="checkbox"/>	<input type="checkbox"/>
400	<input type="checkbox"/>	<input type="checkbox"/>
Arch Grind (from ground)	<input type="checkbox"/>	mm

Please complete all relevant sections

Dispense Date: _____

Rapid Date : _____

Cast ☐ Foot Scan ☐

Second Pair ☐ Job ID _____

Date of last pair: _____

Shell Options

<input type="checkbox"/>	Standard	<input type="checkbox"/>
<input type="checkbox"/>	Low profile	<input type="checkbox"/>
<input type="checkbox"/>	Hooked	<input type="checkbox"/>
<input type="checkbox"/>	Hour Glass	<input type="checkbox"/>
<input type="checkbox"/>	Wide	Narrow

	Left	Right
Heel Cup	Standard / Low / Min / Nil	
Heel Cup Height	<input type="checkbox"/>	<input type="checkbox"/>
Lat Plantar Grind	<input type="checkbox"/>	<input type="checkbox"/>
Lat (flange) clip	<input type="checkbox"/>	<input type="checkbox"/>
Medial (flange) clip	<input type="checkbox"/>	<input type="checkbox"/>
Curved medial grind	<input type="checkbox"/>	<input type="checkbox"/>
Reduced bulk device	<input type="checkbox"/>	<input type="checkbox"/>
1st ray cut out	<input type="checkbox"/>	<input type="checkbox"/>
5th ray cut out	short / long	
Aperture heel	small medium large	
Gait plate	medial / lateral	

Heel post variations

	Left	Right
Stabilizing Post	<input type="checkbox"/>	<input type="checkbox"/>
Post Material	EVA	POLY
Post Grind	Min	Stand
Heel Lift	<input type="checkbox"/>	<input type="checkbox"/>
Elevation	<input type="checkbox"/>	<input type="checkbox"/>
Flared Post	Medial / Lateral	
Forefoot post	<input type="checkbox"/>	<input type="checkbox"/>
	Inv	Ev

Special Instructions



Patient Information

Name: _____

Shoe type: _____

Shoe Size: _____

Foot Type: _____

Sex M / F Age: _____

Covering	Thickness	STS	Colour
Lunasoft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vinyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spenco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastazote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Poron	<input type="checkbox"/>	<input type="checkbox"/>	Standard
			Slow release
Bottom	Cambrelle	Vinyl	
Fit	shoes	template	

Full Length	<input type="checkbox"/>	Sulcus	<input type="checkbox"/>	Shell	<input type="checkbox"/>

	Left	Right
Met Domes	<input type="checkbox"/>	<input type="checkbox"/>
Grind	Size	Size
Met Pads	<input type="checkbox"/>	<input type="checkbox"/>
2-5 Valgus pad	<input type="checkbox"/>	<input type="checkbox"/>
Arch Cookies	<input type="checkbox"/>	<input type="checkbox"/>
Heel seats	<input type="checkbox"/>	<input type="checkbox"/>
Deflection	1 2 3 4 5	1 2 3 4 5

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