



# QUEENSLAND ORTHOTIC LABORATORY

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Practice Name: .....

Podiatrist: .....

Address .....

..... Post Code .....

Phone .....

Patient: .....

Age: ..... Sex ..... Weight ..... kg

Shoe Size ..... Shoe Type .....

**SPEED SERVICE**  Fitting Date .....

### CAST BISECTION

Use given lines  Use Existing Positive Casts

### POURING

Vertical  L  R

Inverted ..... °L ..... °R

Everted ..... °L ..... °R

### FOREFOOT POSTING

Intrinsic  L  R

Intrinsic with Reinforcing  L  R

Extrinsic – Varus  Valgus  ..... °L ..... °R

### FOREFOOT PLATFORM

Balance 1-5 mets  L  R

No Filler 2-4 mets  L  R

### PLASTER MODIFICATIONS

Medial Skive Depth (at 15°)

L 2mm  4mm  6mm

R 2mm  4mm  6mm

Plantar Fascia L..... mm R..... mm

Minimal Medial Arch Plaster  L  R

### REARFOOT POSTING

No R/F Posting  L  R

1/4 Post (Lunacell) ..... °L ..... °R

Full Extrinsic Left..... ° Inverted

Right..... ° Inverted

Lab Discretion

Medially Longer  L  R

Laterally Longer  L  R

Heel Raise L..... mm R..... mm

3/4 Raise (Heel to Sulcus) L..... mm R..... mm

### POSTING ELEVATION

0mm  4mm  8mm  12mm

### POSTING MATERIAL

Lunacell  Microlon (EVA 350)

Black/White Swirl (PE 260)

### ADDITIONAL INSTRUCTIONS:

### SHELL MATERIAL

Carbon Fibre Flex (1.7mm)  Semi Rigid (2.1mm)  Rigid (2.6mm)

Polypropylene (Grey) 3.0mm  4.5mm

Polypropylene (Opaque) 3.0mm  4.0mm  5.0mm

Polypropylene (Black) 3.0mm  4.0mm

Subortholen 3.0mm  4.0mm  5.0mm

Red  Flesh  Blue  Multicolour

Polyflex 2.0mm Grey Poly with 3mm EVA350 ILA Filler

EVA ILA Filler EVA 220  EVA 350  3mm  6mm  10mm

### Accommodative Devices

Single Density EVA 220 Grey  EVA 350 Grey

Dual Density Soft (Blue)  Standard (Cork)

### SHELL SHAPE

Standard  L  R

Narrow  L  R

Wide  L  R

Wide at Midfoot  L  R

Medial Flare  L  R

Lateral Flare  L  R

Gait Plate for In-Toe  L  R

Coathanger  L  R

### Anterior

#### Edge Shape



### HEEL CUP DEPTH

Left Med ..... mm Lat ..... mm

Right Med ..... mm Lat ..... mm

Lab Discretion

### TOP COVER

No Cover

Glue to midfoot  L  R Prepare for Cover  L  R

Vinyl Blue  Black  Beige  Brown  White

Red  Yellow  Purple  Orange

Vita® Black  Tan

Cushsuede Grey  Tan

PS Vlies/HS Cover Blue

Leather

Neoprene  Bambooion

Multiform 2mm  3mm

Blue  Black  Tan  Red  Pink  Green

Yellow  Multicolour  Pink/Purple/White  Blue/Green/Black

### Length (Top Cover)

Shell only  To Sulcus  To Toes

### CUSHION LAYER

Poron 1.6mm Blue  3.2mm Blue  3.2mm Black Soft

3mm EVA Extension EVA 220  EVA 350

### Length (Cushion Layer)

Shell only  Extension only  Shell and Extension

Met. Bar 2-4  Met. Dome   L  R

Heel Aperture with Pad  L  R

Bottom Cover (Cambrelle)

CASTS Return  Store 12 months

### LAB USE ONLY

No ..... FOREFOOT EVALUATION LAB COMMENTS .....

Date in ..... Left..... °varus/valgus .....

Date out ..... Right..... °varus/valgus .....

Technician Plaster Modifications..... Shells..... Posts..... Covers..... F/I.....