



QUEENSLAND ORTHOTIC LAB

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Practice Name:

Podiatrist:

Address

Post Code

Phone

Patient:

Age: Sex Weight kg

Shoe Size Shoe Type

SPEED SERVICE **Fitting Date**

Use given lines Use Existing Positive Casts

POURING

Vertical L R

Inverted 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)

SHELL MATERIAL - EVA SHELLS

Full Length Milled EVA Shells

EVA 250 EVA 300 EVA 350

Shell to Met Heads

Single Density EVA 220 Grey EVA 350 Grey

Dual Density Soft (Blue) Standard (Cork)

SHELL MATERIAL - THERMOPLASTIC SHELLS

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

3D Printed (PA-11) mm

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

Cushsuede Grey Tan

PS Vlies/HS Cover Blue

Leather

Neoprene Bamboolon

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

ADDITIONAL INSTRUCTIONS:

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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