|  |  |  |
| --- | --- | --- |
| **Patient Name :** | <Full Name> | CCSO_KCSC |
| **CR Number :** | <Patient Id 1> |
| **Date of Birth :** | <Date of Birth> |

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| **Form 1** **Cardiac Implantable Electronic Device – Radiation Therapy Assessment** | | | | |
| **The above patient was seen in the cancer center. The patient has a Cardiac Implantable Electronic Device and is being planned for radiation therapy. Please fax your recommendations to the Radiation Planning Office at 613-548-1303. If you have further questions, please page the attending Radiation Oncologist or call their office**. | | | | |
|  | | | | |
| Approximate Treatment Site Indicated : | | | | |
| Anticipated Dose : | | | | |
| Field edge from CIED: | | | | |
| In/Out Patient Status : | | | | |
| Anticipated Start Date (**DD/MMM/YYYY**) : | | | | |
|  | | | | |
| **A. Current Radiation Treatment** | **B. Previous Radiation Treatment(s)** | | | |
|  | **Date** | **Site** | | **Dose (MOSFET)** | |
| Treatment Site(s) : |  |  | | **cGy** | |
| Total Prescribed Dose (**cGy**) : |  |  | | **cGy** | |
| Number of Treatments : |  |  | | **cGy** | |
|  | | |  | |
|  | | | | |

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| **For documentation if needed.** | http://www.mordialloccluster.vic.edu.au/images/jpgs/Human_Body.jpghttp://www.mordialloccluster.vic.edu.au/images/jpgs/Human_Body.jpg  **7**  **6**  **5**  **4**  **2**  **3**  **1**  **8** |
|  | |

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| --- |
| **If measured dose performed on Day 1 of radiation treatment exceeds estimated dose, treatment will be on hold until reassessment by CRDC.** |
|  |
| **Name of Radiation Oncologist:** **<Primary Care Physician-Name (Default)>** |
| **Sent from Radiation Therapy Planning Department Fax number 613-548-1303** |
|  |
| **Phone call to extension 4547 made re: Fax to 613-548-1387** |