|  |  |  |
| --- | --- | --- |
| Patient Name | <Full Name> | **CT Scan Study Number:** |
| Patient ID1 (CR Number) | <Patient Id 1> |
| Date of Birth | <Date of Birth> |

|  |  |
| --- | --- |
| Radiation Oncologist : <Primary Care Physician> | Scan Couch Height : |
| Dosimetrist : | Lap Laser Coordinates : **Sagittal (X)** =       mm |
| Number of CT Slices : | **Coronal (Z)** =      mm |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Treatment Site(s)** : 1. **BOOS** | | | |
| **Patient Orientation:** | | | |
| **Head Position** |  | | |
|  | Neckrest | | |
|  | Other : | | |
| **Immoblization** | Vac Bag | | |
|  | 145 Behind Back | | |
|  | Other (**Please see photos for details**) | | |
| **Arm Position** | Right =  Left = | | |
|  | Other (**Please see photos for details**) | | |
| **Leg Position** |  | | |
|  | Other (**Please see photos for details**) | | |
| **Others** |  | | |
|  | | | |
| **Field Size** | | **To be determined after virtual simulation** | |
|  | | Other: | |
| **Bolus** | | Yes 🖙     cm Bolus Cover | No |
| **Photograph** | |  | |
| **Template** | | **Date:** **<Date of Service>** | |
|  | | | |
| Additional CT Sim Notes (i.e. Radiation Oncologist/ Physicist/ Dosimetrist present; Non-standard Setup): | | | |

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