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| Patient Name | <Full Name> |
| CR Number | <Patient Id 1> |
| Date of Birth | <Date of Birth> |

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

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| **Contrast:**  **LOT Number:** **Expiry Date:** |

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| **Treatment Site(s)** : 1. 2. | |
| **Patient Orientation** : | |
| **Contoura Bellyboard (MT-BBCF)**  Head Cushion Insert = **Prone Pillow**  INF Edge of Prone Pillow to SUP Edge of Board = cm  Head Position =  Belly Cushion Insert =  Laser Alignment Location (Scale) = Right & Left      cm Bolus Cover  Others: (**Please type in the area below**) |

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| Arm Position: |
| Others: (**Please type in the area below**) |

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| **Safety straps are needed:** |
| Tattoos Reference : PA Is      cm  &      cm of |
| PA Straightening Is      cm of PA |
| LAT Setup At the Level of |
| Others: (**Please type in the area below**) |

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| TTH =      cm with ruler |
| Initial of therapist who performed tattoo procedure: **M.R.T. (T) Date:** **<Date of Service>** |
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| Additional CT Sim Notes (i.e. Radiation Oncologist/ Physicist/ Dosimetrist present; Non-standard Setup): |

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