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



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

|  |  |  |  |
| --- | --- | --- | --- |
| **Breast Boost Required** |  | **Photograph & Template** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CT Couch Position** | At Superior Border = | At Inferior Border = | | At Isocenter = |
| **Sagittal Laser Position** | At Medial B.B. = | At Lateral B.B. = | At Isocenter = | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment Site(s) : 1.       2.** | | | | |
| **Patient Orientation :** | | | | |
| **MEDTEC C-QualTM Breast Board** | | | | |
| **Head Position** | at | | | |
|  | Head Turned  With Sagittal Laser At Outer Cantus | | | |
|  | Other | | | |
| **Elevation** |  | | | |
| **Arm Rotation** | Right = | | Left = | |
| **Upper Arm Length** | Right = | | Left = | |
| **Upper Arm Incline** | Right =  **& Arm Cup @** | | Left =  **& Arm Cup @** | |
| **Wrist Support** | Right = | | Left = | |
| **Butt Stop** |  | | | |
| **Leg Position** |  | | | |
| **Others** |  | | | Chin To SSN = “” cm |
|  | | | | |
| **Safety straps are needed:** | | | | |
| Tattoos Reference : MED Tattoo Is      cm INF and      cm of SSN | | | | |
| SUP Sagittal Alignment Tattoo Is      cm  and      cm of SSN | | | | |
| SUP Sagittal Alignment Tattoo Is      cm From The Side of The Neckrest | | | | |
| Board Position To Lateral Tattoo = | | | | |
| **TBH (Tattoo To Board Height)** =      cm | | **TTH (Tattoo To Table Height)** =      cm | | |
| Initial of therapist who performed tattoo procedure: **M.R.T. (T) Date:** **<Date of Service>** | | | | |
|  | | | | |
| Additional CT Sim Notes (i.e. Radiation Oncologist/ Physicist/ Dosmetrist present; Non-standard Setup): | | | | |

|  |
| --- |
|  |