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



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

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

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| **Treatment Site(s) : 1.       2.** | | | | |
| **Patient Orientation : Head First - Prone** | | | | |
| **MEDTEC New HorizonTM Prone Breastboard** | | | | |
| **Lok Bar Position** | A. Superior Section Indexed at **H3** | | | |
|  | B. Inferior Section Indexed at **F1** | | | |
| **Number of Spacer Pair Used** |  | | | |
| **Head Cushion Position** | Superior Setting at | Superior setting for head cushion support  Handle position | |
|  | Height Setting at |  | |
|  | Head |  | |
|  | Others: | | |
| **Handle Position** | Right = with handle facing | | | |
|  | Left = with handle facing | | | |
| **Treatment Opening Location** |  | | | |
| **Treatment Opening Size** |  | | | |
| **Contralateral Breast Wedge** |  | | 1.2. 3. |
| **Leg Position** |  | | | |
|  | | | | | |
| **Safety straps are needed:** | | | | | |
| Tattoos Reference : PA Tattoo Is      cm  and      cm of | | | | | |
| PA Straightening Tattoo Is      cm of PA Tattoo | | | | | |
| LAT Setup Tattoo At the Level of | | | | | |
| LAT Border Reference Tattoo Is | | | | | |
| Board Position To Lateral Tattoo = | | | | | |
| 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/ Dosmetrist present; Non-standard Setup): | | | | | |

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