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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** : |
| Neckrest  Thermoplast  Black Mattress (120cm)            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:** |

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| Tattoos Reference : 3 Points Setup On Mask (In **BLUE**) |
| 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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| **Photograph** | **Template** |
| Additional CT Sim Notes (i.e. Radiation Oncologist/ Physicist/ Dosimetrist present; Non-standard Setup): | |

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