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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TAB** | **Tab A** | **Tab B** | **Tab C** | **Tab D** |
| **Field Name** |  |  |  |  |
| Total Dose (**cGy**) |  |  |  |  |
| No. of Fractions |  |  |  |  |
| Dose Per Fraction (**cGy**) |  |  |  |  |
| Radiation Quality (**KV**) |  |  |  |  |
| Filter |  |  |  |  |
| Applicator |  |  |  |  |
| Cut Out Size |  |  |  |  |
| Skin Dose Rate (**cGy/ MU**) |  |  |  |  |
| **Standoff Correction Factor (SOCF)** |  |  |  |  |
| **Final Skin Dose Rate (cGy/ MU)** |  |  |  |  |
| **Fraction MU** |  |  |  |  |
| **Total MU** |  |  |  |  |