|  |  |
| --- | --- |
| Patient Name | <Full Name> |
| Patient ID1 | <Patient Id 1> |
| Date of Birth | <Date of Birth> |

**Tangent Fields**

|  |  |  |
| --- | --- | --- |
| **Setup Instructions** | | |
|  |  | |
| **Tangent Fields** | | |
| **Eclipse Isocenter Shift from CT Sim Isocenter** | | |
| **AP Setup Point @ SUP Sagittal Tattoo** | | |
| **Lateral Bed Shift (X – Couch Lateral)** = | | cm of SUP Sagittal Tattoo | |
| **AP Setup Depth (Y – Couch Height)** = | | cm **POST** of SUP Sagittal Tattoo | |
| **Longitudinal Bed Shift (Z – Couch Longitudinal)** = | | cm of SUP Sagittal Tattoo | |
| **Sagittal Laser** = | | cm of SUP Sagittal Tattoo | |
|  | | cm of INF Sagittal Tattoo | |
| **AP REF SSD @ ISO** = | | cm | |
| **Pseudo Centre Ref. Depth** | |  | |
| **AP** = | | cm (Gantry @ 00) | |
| **MED** = | | cm (MED Field Gantry @ ) | |
| **LAT** = | | cm (LAT Field Gantry @ ) | |
| **MED Light Field** = | | cm of SUP Sagittal Tattoo | |
|  | | cm of INF Sagittal Tattoo | |
| **Light Field** = | | cm of MED Tattoo | |
|  | | cm of LAT Tattoo | |
| **Additional Setup Notes (Please type in the text box below):** | | |
|  | | |

|  |  |
| --- | --- |
| Patient Name | <Full Name> |
| Patient ID1 | <Patient Id 1> |
| Date of Birth | <Date of Birth> |

**Axillia / S’Clav Field(s)**

|  |  |  |
| --- | --- | --- |
| **Setup Instructions** | | |
|  |  | |
| **Axillia / S’Clav Field(s)** | | |
| **Eclipse Isocenter Shift from CT Sim Isocenter** | | |
| **AP Setup Point @ SUP Sagittal Tattoo** | | |
| **Lateral Bed Shift** **(X – Couch Lateral)** = | | cm of SUP Sag. Tattoo |
| **Vertical Bed Shift (Y – Couch Vertical)** = | | cm **POST** of SUP Sag. Tattoo |
| **Longitudinal Bed Shift** **(Z – Couch Longitudinal)** = | | cm of SUP Sag. Tattoo |
| **AP REF SSD @ ISO** = | | cm |
| **Additional Setup Notes (Please type in the text box below):** | | |
|  | | |