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

**Treatment Technique:**

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

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| **Setup Instructions** | | | |
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| **Eclipse Isocenter Shift from CT Sim Isocenter** | | | |
| **AP Setup Point @** | | | |
| **Lateral Bed Shift (X – Couch Lateral)** = | | cm of | |
| **AP Setup Depth (Y – Couch Height)** = | | cm **POST** of | |
| **Longitudinal Bed Shift (Z – Couch Longitudinal)** = | | cm of | |
| **Sagittal Laser** = | | cm of SUP Sagittal Tattoo | |
|  | | cm of INF Sagittal Tattoo | |
| **AP REF Depth** = | | 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 (i.e. Radiation Oncologist/ Physicist/ Dosimetrist present; Changes in setup): | | |

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| --- | --- |
| Patient Name | <Full Name> |
| CR Number | <Patient Id 1> |
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| **Setup Instructions** | | |
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|  | | |
| **Eclipse Isocenter Shift from CT Sim Isocenter** | | |
| **AP Setup Point @** | | |
| **Lateral Bed Shift (X – Couch Lateral)** = | | cm |
| **AP Setup Depth (Y – Couch Height)** = | | cm |
| **Longitudinal Bed Shift (Z – Couch Longitudinal)** = | | cm |
| Additional Setup Notes (i.e. Radiation Oncologist/ Physicist/ Dosimetrist present; Changes in setup): | | |

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