|  |  |
| --- | --- |
|  | **Cancer Center of Southeastern Ontario**  **HDR Brachytherapy Program**  **Treatment Delivery Record**  (Surface Mould & Volume Implant) |
| Patient Name | <Full Name> |
| Patient ID1 (CR Number) | <Patient Id 1> |
| Date of Birth | <Date of Birth> |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Treatment Site:** | | | | | | | | | | | |
| **Fraction Number** | |  |  |  |  |  |  |  |  |  |  |
| **Date (dd/mm/yy)** | |  |  |  |  |  |  |  |  |  |  |
| **Treatment Unit** | |  |  |  |  |  |  |  |  |  |  |
| **Isotope** | | **Ir-192** | **Ir-192** | **Ir-192** | **Ir-192** | **Ir-192** | **Ir-192** | **Ir-192** | **Ir-192** | **Ir-192** | **Ir-192** |
| **Total Number of Catheters** | |  |  |  |  |  |  |  |  |  |  |
| **Source Strength (U) on Tx Day** | |  |  |  |  |  |  |  |  |  |  |
| **Total Dwell Time(s)** | |  |  |  |  |  |  |  |  |  |  |
| **Dose Plan By:** | |  |  |  |  |  |  |  |  |  |  |
| **Dose Checked By:** | |  |  |  |  |  |  |  |  |  |  |
| **Pre-Tx Physics Check (MP)** | |  |  |  |  |  |  |  |  |  |  |
| **Dose Delivered In This Fraction (cGy)** | |  |  |  |  |  |  |  |  |  |  |
| **Cumulative Dose Todate (cGy)** | |  |  |  |  |  |  |  |  |  |  |
| **Tx Delivered By (RT)** | **M.R.T. (T) 1** |  |  |  |  |  |  |  |  |  |  |
|  | **M.R.T. (T) 2** |  |  |  |  |  |  |  |  |  |  |
| **Post Tx Physics Check / Date** | |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Setup Instructions (Please specify below):** |
|  |