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|  | **Cancer Center of Southeastern Ontario**  **HDR Brachytherapy Program**  **Treatment Prescription**  (Surface Mould & Volume Implant) | |
| Patient Name | <Full Name> | |
| Patient ID1 (CR Number) | <Patient Id 1> | |
| Date of Birth | <Date of Birth> | |
|  | | |
| **Diagnosis** | **<Diagnosis>** | |
| **Treatment Intent** |  | |
| **Treatment Site** | **1.** |  |
| **Isotope** | **Iridium-192** | |
| **Dose Per Fraction (cGy)** |  | |
| **Dose Prescribed at (cm)** |  | |
| **Fractions Per Day** |  | |
| **Total Number of Fractions** |  | |
| **Fraction Number** |  | |
| **Total Dose (cGy)** |  | |
| **Type of Application** |  | |
| **Treatment Applicator for Surface Mould** |  | |
| Special Instructions: | | |

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