|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name | <Full Name> |  | **Treatment Site** |
| Patient ID1 (CR Number) | <Patient Id 1> |  |
| Date of Birth | <Date of Birth> |  |

AP Tattoo

AP Straightening Tattoo

LAT Setup Tattoo

AP Tattoo

AP Straightening Tattoo

LAT Setup Tattoo

AP Tattoo

AP Straightening Tattoo

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