<Patient Photo>

**Patient Information**

|  |  |
| --- | --- |
| Name : | **<Full Name> (****<Sex>)** |
| ID1 : | **<Patient Id 1>** |
| Birth Date : | **<Date of Birth> (****<Age>)** |
| Phone Number : | **<Telephone Number>** |
| Address : | **<Patient Address-North American (Default)>** |

**Radiation Treatment Information**

1. Primary Oncologist

<Primary Care Physician-Name (Default)>

1. Diagnosis

<Diagnosis>

1. Treatment Details

|  |  |
| --- | --- |
| Treatment Intent | Treatment Technique |
| <Treatment Intent> | <Treatment Technique> |

<Prescription & Treatment>