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

|  |
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| **Treatment Site: BOOS** |

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| **Setup Instructions** | | | | | |
|  | | | | |  |
| **Anatomical Shifts From Marked CT Sim User Origin** | | | | | |
| **NO** | | | | | |
| **AP Setup Point On Beekley Marker** | | | | | |
|  | | | | | |
| **YES** | | | | | |
|  | **X** |  | cm |  | |
|  | **Y** |  | cm | **(For couch shifts, please refer to Final Plan Report)** | |
|  | **Z** |  | cm |  | |
|  | | | | | |
| **New Shift(s) after Day 1 imaging:** | | | | | |

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| Additional Setup Notes (i.e. Radiation Oncologist/ Physicist/ Dosimetrist present; Changes in setup): |

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| --- | --- | --- | --- | --- |
| **Date**  (**DD/MMM/YY**) | **TTH**  **(cm)** | **1.**  **Plan SSD =** | **2.**  **Plan SSD =** | **MRT(T) Initials** |

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