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

|  |  |
| --- | --- |
| **Treatment Site:** |  |

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| --- |
| **Patient Orientation**: |
| Neckrest        Chin To SSN = “” cm    Other: (**Please type in the area below**) |

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| --- |
| Arm Position: |
| **Others**: |

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| Tattoos Reference :   Is      cm  &      cm of |
| Straightening Is      cm of |
| Setup At the Level of |
| Other: (**Please type in the area below**) |

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| --- |
|  |

|  |  |
| --- | --- |
| TTH =      cm with ruler | |
| Initial of therapist who performed tattoo procedure: **M.R.T. (T) Date: <Date of Service>** | |
|  | |
| **Photograph** | **Template** |
| Additional Notes (i.e. Radiation Oncologist/ Physicist/ Dosimetrist present; Non-standard Setup): | |

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| --- | --- |
| **Setup Instructions** | |
| Three-point setup at level of |  |

|  |  |
| --- | --- |
| **Others:** | |
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| **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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