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

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| Neckrest    Arm Position:  Thin Mattress      Others: (**Please type in the area below**)  Others: (**Please type in the area below**) |

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| **Additional Setup Notes** (i.e. Radiation Oncologist present; change(s) in setup): |

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| **Setup Reference**: |

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| **Baseline from S.O.R. to I.T.N.** |

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| --- | --- | --- | --- |
| **Date**  (**DD/MMM/YYYY**) | 1. **GA270**   **Plan SSD = 92.5 cm** | 1. **GA90**   **Plan SSD = 92.5 cm** | **MRT(T) Initials** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Comments:**