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

|  |
| --- |
| **Patient Orientation:** |
| Neckrest      Other: (**Please type in the area below**) |
|  |
| Arm Position: |
| **Others**: |

|  |
| --- |
|  |

|  |  |
| --- | --- |
|  | |
| **Photograph** | **Template** |
| Additional Notes (i.e. Radiation Oncologist/ Physicist/ Dosimetrist present; Non-standard Setup): | |

|  |
| --- |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TAB** | **Tab A** | **Tab B** | **Tab C** | **Tab D** |
| **Field Name** |  |  |  |  |
| **Radiation Quality (KV)** |  |  |  |  |
| **Filter** |  |  |  |  |
| **Applicator** |  |  |  |  |
| **Cut Out Size** |  |  |  |  |
| **Total Dose (cGy)** |  |  |  |  |
| **Number of Fractions** |  |  |  |  |
| **Dose Per Fraction (cGy)** |  |  |  |  |
| **Skin Dose Rate** |  |  |  |  |
| **Standoff Correction Factor (SOCF)** |  |  |  |  |
| **Final Skin Dose Rate** |  |  |  |  |
| **Fraction MU** |  |  |  |  |
| **Total MU** |  |  |  |  |

**Photo 1**

**Photo 2**