

Daily Treatment Patient Verification Chart — A2

Patient Name	James Wilson	Patient ID	PROS2001
DOB	1957-09-28	Radiation Oncologist	Dr. Emily Valerius
Treatment Site	Pelvis/Prostate	Plan/Course ID	PROS_PELVIS_VMAT_01
Fraction	22 of 44	Dose/Fx (cGy)	180
Total Dose (cGy)	7920	Imaging Type	CBCT
Bolus	None		

Therapist Alerts / Special Instructions

- Daily imaging required prior to treatment.

Planned Fields / Steps

Field/Step	Technique	Energy (MV)	MU	Gantry	Coll	Jaws (cm)
VMAT Arc 1 (CW)	VMAT	10	352	180-179	30	X1 -8.5, X2 8.0, Y1 -9.0, Y2 9.5
CBCT Setup	Imaging	0	0	0	0	X1 0.0, X2 0.0, Y1 0.0, Y2 0.0
VMAT Arc 2 (CCW)	VMAT	10	348	179-180	330	X1 -8.5, X2 8.0, Y1 -9.0, Y2 9.5

Use this chart to verify that all on-screen parameters match prior to Beam On.