

Treatment Date: [REDACTED]
Plan Date: [REDACTED]
Patient Name: [REDACTED]
Patient ID: [REDACTED]
Isocenter: [REDACTED]
Coordinate System: [REDACTED]
Assigned Physician: [REDACTED]
Logged-In User: [REDACTED]

.....

1 Performed Workflow

Treatment Indication: [REDACTED]
Workflow: [REDACTED]
Breathing Management: [REDACTED]
Positioning Device: [REDACTED]
Image Registration: [REDACTED]