

CT volume definition

Ref No. TP414

Diagnosis

Planning date

Rad/Pall

Phases

Dose/fractionation

Addressograph Label :

Name _____

Hospital No. _____

DOB _____

Volumes defined in

ARPS		Check No	
ProSoma		ProSoma Comment	

Margins to be used

	All	AP	Lateral	Sup-Inf
GTV → CTV				
CTV → PTV				

Organ	OAR/Target	Objective dose (i.e. soft limit, goal)	Absolute dose constraint
	OAR/Target		
	OAR/Target		
	OAR/Target		
	OAR/Target		
	OAR/Target		
	OAR/Target		
	OAR/Target		
	OAR/Target		
	OAR/Target		

Signed:

Date: dd/Mmm/yyyy

☐

Tick here if the plan has become more complex than originally indicated on the Action Sheet. State the name of the planner who has been informed
