





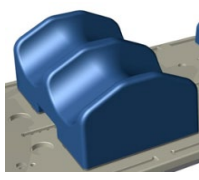
Patient ID:

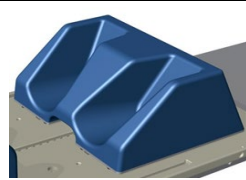
Date:

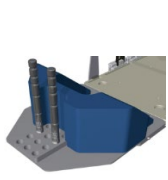
	
<input type="radio"/> Long Base plate	<input type="radio"/> Short base plate
Base Plate	

	Position strap	Pressure read-out
Pressure Belt		

	Position on Base plate			Pressure plate	Height arch	Height screw	Arch type
	<input type="radio"/> E1 <input type="radio"/> E6	<input type="radio"/> E11 <input type="radio"/> E16	<input type="radio"/> E21 <input type="radio"/> E26	<input type="radio"/> Cranial side	<input type="radio"/> 0 <input type="radio"/> 3		<input type="radio"/> 32317/2 Low arch
	<input type="radio"/> E2 <input type="radio"/> E7	<input type="radio"/> E12 <input type="radio"/> E17	<input type="radio"/> E22 <input type="radio"/> E27	<input type="radio"/> Caudal side	<input type="radio"/> 1 <input type="radio"/> 4		<input type="radio"/> 32317/10 High arch
	<input type="radio"/> E3 <input type="radio"/> E8	<input type="radio"/> E13 <input type="radio"/> E18	<input type="radio"/> E23 <input type="radio"/> E28		<input type="radio"/> 2 <input type="radio"/> 5		
	<input type="radio"/> E4 <input type="radio"/> E9	<input type="radio"/> E14 <input type="radio"/> E19	<input type="radio"/> E24				
<input type="radio"/> E5 <input type="radio"/> E10	<input type="radio"/> E15 <input type="radio"/> E20	<input type="radio"/> E25					
Mechanical Pressure System							

	Position on base plate				
	<input type="radio"/> D1 <input type="radio"/> D6	<input type="radio"/> D11 <input type="radio"/> D16	<input type="radio"/> D21 <input type="radio"/> D26	<input type="radio"/> D31 <input type="radio"/> D36	<input type="radio"/> D41 <input type="radio"/> D46
	<input type="radio"/> D2 <input type="radio"/> D7	<input type="radio"/> D12 <input type="radio"/> D17	<input type="radio"/> D22 <input type="radio"/> D27	<input type="radio"/> D32 <input type="radio"/> D37	<input type="radio"/> D42 <input type="radio"/> D47
	<input type="radio"/> D3 <input type="radio"/> D8	<input type="radio"/> D13 <input type="radio"/> D18	<input type="radio"/> D23 <input type="radio"/> D28	<input type="radio"/> D33 <input type="radio"/> D38	<input type="radio"/> D43 <input type="radio"/> D48
	<input type="radio"/> D4 <input type="radio"/> D9	<input type="radio"/> D14 <input type="radio"/> D19	<input type="radio"/> D24 <input type="radio"/> D29	<input type="radio"/> D34 <input type="radio"/> D39	<input type="radio"/> D44 <input type="radio"/> D49
<input type="radio"/> D5 <input type="radio"/> D10	<input type="radio"/> D15 <input type="radio"/> D20	<input type="radio"/> D25 <input type="radio"/> D30	<input type="radio"/> D35 <input type="radio"/> D40	<input type="radio"/> D45 <input type="radio"/> D50	
Knee cushion					


	Position on base plate				
	<input type="radio"/> D1 <input type="radio"/> D6	<input type="radio"/> D11 <input type="radio"/> D16	<input type="radio"/> D21 <input type="radio"/> D26	<input type="radio"/> D31 <input type="radio"/> D36	<input type="radio"/> D41 <input type="radio"/> D46
	<input type="radio"/> D2 <input type="radio"/> D7	<input type="radio"/> D12 <input type="radio"/> D17	<input type="radio"/> D22 <input type="radio"/> D27	<input type="radio"/> D32 <input type="radio"/> D37	<input type="radio"/> D42 <input type="radio"/> D47
	<input type="radio"/> D3 <input type="radio"/> D8	<input type="radio"/> D13 <input type="radio"/> D18	<input type="radio"/> D23 <input type="radio"/> D28	<input type="radio"/> D33 <input type="radio"/> D38	<input type="radio"/> D43 <input type="radio"/> D48
	<input type="radio"/> D4 <input type="radio"/> D9	<input type="radio"/> D14 <input type="radio"/> D19	<input type="radio"/> D24 <input type="radio"/> D29	<input type="radio"/> D34 <input type="radio"/> D39	<input type="radio"/> D44 <input type="radio"/> D49
<input type="radio"/> D5 <input type="radio"/> D10	<input type="radio"/> D15 <input type="radio"/> D20	<input type="radio"/> D25 <input type="radio"/> D30	<input type="radio"/> D35 <input type="radio"/> D40	<input type="radio"/> D45 <input type="radio"/> D50	
Foot cushion					


	Arm rest cushion	Elevation cushion	Grip poles
	<input type="radio"/> Arm 1	<input type="radio"/> Yes	<input type="radio"/> long <input type="radio"/> short
	<input type="radio"/> Arm 2	<input type="radio"/> No	<input type="radio"/> 1 grip pole <input type="radio"/> 2 grip poles
			<input type="radio"/> GP1 <input type="radio"/> GP2 <input type="radio"/> GP3 <input type="radio"/> GP4
Arm Support - AIO Type			


	Arm Support Right	Arm Support Left	Hand Support
	<input type="radio"/> R1 <input type="radio"/> RA <input type="radio"/> R2 <input type="radio"/> RB <input type="radio"/> R3 <input type="radio"/> RC <input type="radio"/> R4 <input type="radio"/> RD	<input type="radio"/> L1 <input type="radio"/> LA <input type="radio"/> L2 <input type="radio"/> LB <input type="radio"/> L3 <input type="radio"/> LC <input type="radio"/> L4 <input type="radio"/> LD	<input type="radio"/> o1A <input type="radio"/> o1B <input type="radio"/> o1C <input type="radio"/> o1D <input type="radio"/> o2A <input type="radio"/> o2B <input type="radio"/> o2C <input type="radio"/> o3A <input type="radio"/> o3B <input type="radio"/> o3C
	Height		<input type="radio"/> o4A <input type="radio"/> o4B <input type="radio"/> o4C
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5		<input type="radio"/> o5A <input type="radio"/> o5B <input type="radio"/> o5C
Arm support - MammoRx Type			

Patient ID:

Date:

	20mm block	40mm block
	9° wedge	18° wedge
Blocks (20 and 40 mm) and Wedges (9° and 18°)		

	Model 1	Model 4
	Model 2	Model 5
	Model 3	Model 6
Head support (6 sizes)		

	Indexing bar	Vacuum bag
	<input type="checkbox"/> C1 <input type="checkbox"/> C6	<input type="checkbox"/> Ref. 18056
	<input type="checkbox"/> C2 <input type="checkbox"/> C7	<input type="checkbox"/> Ref. 18057
	<input type="checkbox"/> C3 <input type="checkbox"/> C8	
	<input type="checkbox"/> C4 <input type="checkbox"/> C9	
<input type="checkbox"/> C5 <input type="checkbox"/> C10		
Vacuum bag		

Positioning of elements	
SBRT base plate position on table:	
Thermoplastic mask used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slots where thermoplastic mask is attached:	
Others/remarks	

All Rights reserved. No part of this publication may be produced, stored in a retrieval system or transmitted, in any way, form or by any means, electronic, mechanical, photocopying or otherwise, without prior written permission of Orfit Industries ©ORFIT Industries