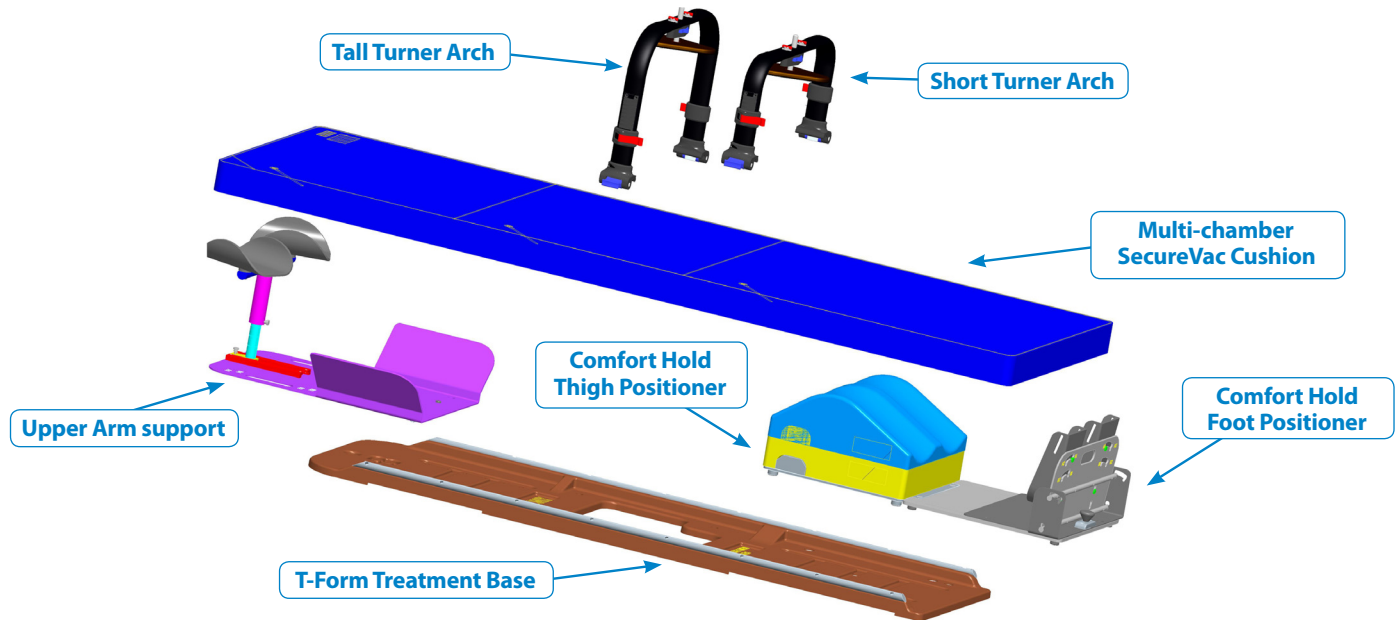


Patient Name _____

Date _____

Area of RX – orientation _____

Patient I.D. _____



T-Form Treatment Base

Indexed to couch @ _____ & _____

SecureFit Bar TOP: A1 B1 C1

SecureFit Bar Bottom: A2 B2 C2 D2

Upper Arm Support

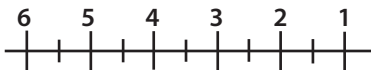
Index to Base:

A B C D E F

Vertical Height:

A B C D E F

Superior to Inferior: _____



(Left Arm) Forearm Cups (Right Arm)

L1 L2 R1 R2
 0° 45° 0° 45°

Thigh Positioner

With Riser Without Riser

SecureVac Cushion Used

T-Vac Cushion (T-Shape, 2 Chamber)
 Tri-Vac Cushion (3 Chambers)

Other: _____

Foot Positioner

Foot Plate Position:

A B C D E F G H

Foot Plate Angle: 1 2

(Left Foot) Cup Position (Right Foot)

A² A¹ A¹ A²
 B² B¹ B¹ B²

Cup Padding: In Out

Turner Arches

Short Arch

Index to Base @ _____
 Vertical Index
 (S1-S9) _____
 Respiratory Plate
 Fine Adjustment
 (1-9) _____

Tall Arch

Index to Base @ _____
 Vertical Index
 (T1-T16) _____
 Respiratory Plate
 Fine Adjustment
 (1-9) _____

Respiratory Belt

Index to Base @ _____
 Velcro Belt @ _____ & _____
 Pressure Gauge @ _____
 Insert: Yes No

Accessory

Fiducial Arch (not pictured above)
 Yes No
 Indexed to base railings @ _____