



# Positioning Checklist VersaBoard® (RT-7040)

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Area of RX- orientation \_\_\_\_\_

Patient I.D. \_\_\_\_\_

## Head Piece

- Timo       A     B     C     D     E     F  
 Silvermans     A     B     C     D     E     F  
 MoldCare     Other     Prone Pillow

## Shoulder Suppression

- None  
 RT-6042 Carbon Fiber Shoulder Suppression

**LEFT:**

Height:  1  2  3  4  5  6  7

Position:  Inner  Outer  Center

Orientation:  A  B  C  D  E  F  G  H

**RIGHT:**

Height:  1  2  3  4  5  6  7

Position:  Inner  Outer  Center

Orientation:  A  B  C  D  E  F  G  H

## Ruler

