

Positioning Checklist

Prone Breast System (RT-6025)

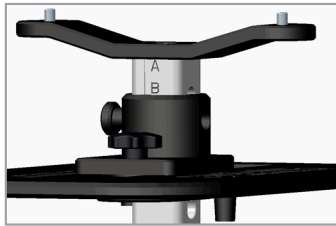
Patient Name _____

Date _____

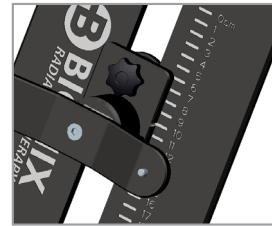
Area of RX- orientation _____

Patient I.D. _____

Adjustable Head Rest



A B C D E F



Superior / Inferior (1-20) _____

Treatment Area

Breast To Be Treated? **Left** **Right**

Breast Wedge Used? **Yes** **No**

Breast Bridge

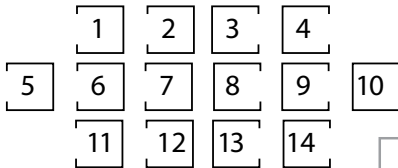
Bridge Size Used? **Small** **Large**

Bridge Ruler Location (0-40cm) _____

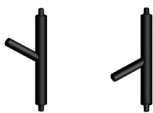


Hand Placement

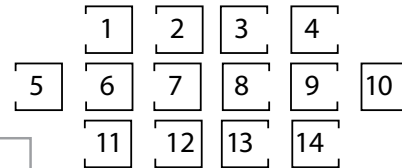
Left Arm



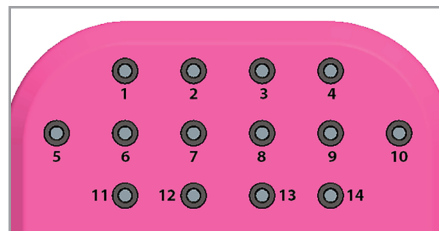
Left Hand Post



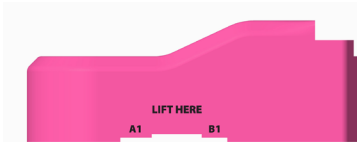
Right Arm



Right Hand Post

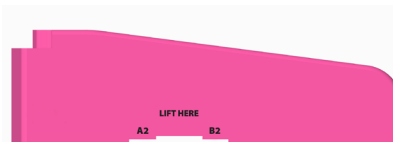


SecureFit Bar (Arm Cushion)



A1
B1

SecureFit Bar (Leg Cushion)



A2
B2

Notes