

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:

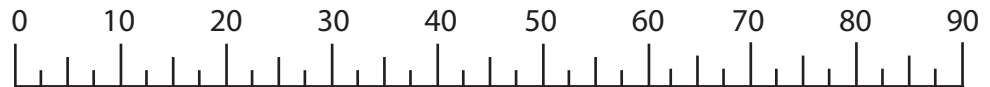
Height: 1 2 3 4 5 6 7

Position: Inner Outer Center

Orientation: A B C D E F G H

Ruler

LEFT _____



RIGHT _____

