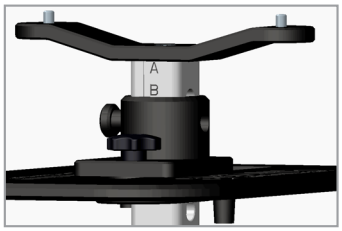
BIONIX RADIATION THERAPY

Positioning Checklist
Pelvis Belly Plus System (PPRT-5105)

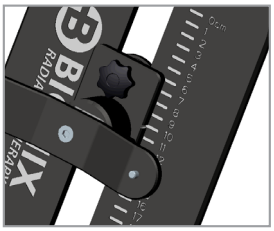
Patient Name _____ **Date** _____

Area of RX– orientation _____ **Patient I.D.** _____

Adjustable Face Cushion



◯ A ◯ B ◯ C ◯ D ◯ E ◯ F



Superior / Inferior (1-20) _____

Treatment Base

Indexed to Couch @ _____ _____

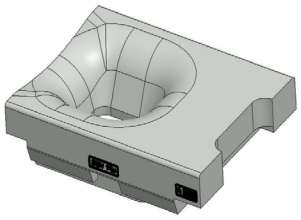
Securefit Bar Top

◯ A1 ◯ B1 ◯ C1 ◯ D1 ◯ E1 ◯ F1

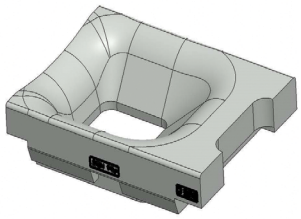
Securefit Bar Bottom

◯ A2 ◯ B2 ◯ C2 ◯ D2 ◯ E2 ◯ F2

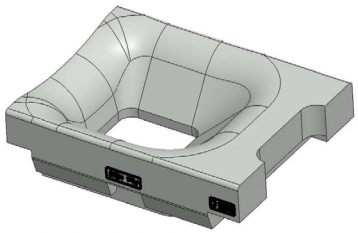
Treatment Area



◯ Small



◯ Medium



◯ Large

Ankle Cushion Used? ◯ **Yes** ◯ **No**

(*Ankle Cushion Purchased Separately)

Notes