

Patient ID: _____

Date: _____

<input type="checkbox"/> Long Base plate	<input type="checkbox"/> Short base plate
Base Plate	

	Position strap	Pressure read-out
Pressure Belt		

	Position on Base plate			Pressure plate	Height arch	Height screw	Arch type
	<input type="checkbox"/> E1 <input type="checkbox"/> E6	<input type="checkbox"/> E11 <input type="checkbox"/> E16	<input type="checkbox"/> E21 <input type="checkbox"/> E26	<input type="checkbox"/> Cranial side	<input type="checkbox"/> 0 <input type="checkbox"/> 3		<input type="checkbox"/> 32317/2 Low arch
	<input type="checkbox"/> E2 <input type="checkbox"/> E7	<input type="checkbox"/> E12 <input type="checkbox"/> E17	<input type="checkbox"/> E22 <input type="checkbox"/> E27	<input type="checkbox"/> Caudal side	<input type="checkbox"/> 1 <input type="checkbox"/> 4		<input type="checkbox"/> 32317/10 High arch
	<input type="checkbox"/> E3 <input type="checkbox"/> E8	<input type="checkbox"/> E13 <input type="checkbox"/> E18	<input type="checkbox"/> E23 <input type="checkbox"/> E28		<input type="checkbox"/> 2 <input type="checkbox"/> 5		
	<input type="checkbox"/> E4 <input type="checkbox"/> E9	<input type="checkbox"/> E14 <input type="checkbox"/> E19	<input type="checkbox"/> E24				
<input type="checkbox"/> E5 <input type="checkbox"/> E10	<input type="checkbox"/> E15 <input type="checkbox"/> E20	<input type="checkbox"/> E25					
Mechanical Pressure System							

	Position on base plate				
	<input type="checkbox"/> D1 <input type="checkbox"/> D6	<input type="checkbox"/> D11 <input type="checkbox"/> D16	<input type="checkbox"/> D21 <input type="checkbox"/> D26	<input type="checkbox"/> D31 <input type="checkbox"/> D36	<input type="checkbox"/> D41 <input type="checkbox"/> D46
	<input type="checkbox"/> D2 <input type="checkbox"/> D7	<input type="checkbox"/> D12 <input type="checkbox"/> D17	<input type="checkbox"/> D22 <input type="checkbox"/> D27	<input type="checkbox"/> D32 <input type="checkbox"/> D37	<input type="checkbox"/> D42 <input type="checkbox"/> D47
	<input type="checkbox"/> D3 <input type="checkbox"/> D8	<input type="checkbox"/> D13 <input type="checkbox"/> D18	<input type="checkbox"/> D23 <input type="checkbox"/> D28	<input type="checkbox"/> D33 <input type="checkbox"/> D38	<input type="checkbox"/> D43 <input type="checkbox"/> D48
	<input type="checkbox"/> D4 <input type="checkbox"/> D9	<input type="checkbox"/> D14 <input type="checkbox"/> D19	<input type="checkbox"/> D24 <input type="checkbox"/> D29	<input type="checkbox"/> D34 <input type="checkbox"/> D39	<input type="checkbox"/> D44 <input type="checkbox"/> D49
	<input type="checkbox"/> D5 <input type="checkbox"/> D10	<input type="checkbox"/> D15 <input type="checkbox"/> D20	<input type="checkbox"/> D25 <input type="checkbox"/> D30	<input type="checkbox"/> D35 <input type="checkbox"/> D40	<input type="checkbox"/> D45 <input type="checkbox"/> D50
Knee cushion					


	Position on base plate				
	<input type="checkbox"/> D1 <input type="checkbox"/> D6	<input type="checkbox"/> D11 <input type="checkbox"/> D16	<input type="checkbox"/> D21 <input type="checkbox"/> D26	<input type="checkbox"/> D31 <input type="checkbox"/> D36	<input type="checkbox"/> D41 <input type="checkbox"/> D46
	<input type="checkbox"/> D2 <input type="checkbox"/> D7	<input type="checkbox"/> D12 <input type="checkbox"/> D17	<input type="checkbox"/> D22 <input type="checkbox"/> D27	<input type="checkbox"/> D32 <input type="checkbox"/> D37	<input type="checkbox"/> D42 <input type="checkbox"/> D47
	<input type="checkbox"/> D3 <input type="checkbox"/> D8	<input type="checkbox"/> D13 <input type="checkbox"/> D18	<input type="checkbox"/> D23 <input type="checkbox"/> D28	<input type="checkbox"/> D33 <input type="checkbox"/> D38	<input type="checkbox"/> D43 <input type="checkbox"/> D48
	<input type="checkbox"/> D4 <input type="checkbox"/> D9	<input type="checkbox"/> D14 <input type="checkbox"/> D19	<input type="checkbox"/> D24 <input type="checkbox"/> D29	<input type="checkbox"/> D34 <input type="checkbox"/> D39	<input type="checkbox"/> D44 <input type="checkbox"/> D49
	<input type="checkbox"/> D5 <input type="checkbox"/> D10	<input type="checkbox"/> D15 <input type="checkbox"/> D20	<input type="checkbox"/> D25 <input type="checkbox"/> D30	<input type="checkbox"/> D35 <input type="checkbox"/> D40	<input type="checkbox"/> D45 <input type="checkbox"/> D50
Foot cushion					


	Arm rest cushion	Elevation cushion	Grip poles
	<input type="checkbox"/> Arm 1	<input type="checkbox"/> Yes	<input type="checkbox"/> long <input type="checkbox"/> short
	<input type="checkbox"/> Arm 2	<input type="checkbox"/> No	<input type="checkbox"/> 1 grip pole <input type="checkbox"/> 2 grip poles
			<input type="checkbox"/> GP1 <input type="checkbox"/> GP2 <input type="checkbox"/> GP3 <input type="checkbox"/> GP4
	Arm Support - AIO Type		


	Arm Support Right	Arm Support Left	Hand Support
	<input type="checkbox"/> R1 <input type="checkbox"/> RA <input type="checkbox"/> R2 <input type="checkbox"/> RB <input type="checkbox"/> R3 <input type="checkbox"/> RC <input type="checkbox"/> R4 <input type="checkbox"/> RD	<input type="checkbox"/> L1 <input type="checkbox"/> LA <input type="checkbox"/> L2 <input type="checkbox"/> LB <input type="checkbox"/> L3 <input type="checkbox"/> LC <input type="checkbox"/> L4 <input type="checkbox"/> LD	<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 1D <input type="checkbox"/> 2A <input type="checkbox"/> 2B <input type="checkbox"/> 2C <input type="checkbox"/> 3A <input type="checkbox"/> 3B <input type="checkbox"/> 3C <input type="checkbox"/> 4A <input type="checkbox"/> 4B <input type="checkbox"/> 4C <input type="checkbox"/> 5A <input type="checkbox"/> 5B <input type="checkbox"/> 5C
	Height		
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
	Arm support - MammoRx Type		

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	20mm block	40mm block
	9° wedge	18° wedge
Blocks (20 and 40 mm) and Wedges (9° and 18°)		

	Model 1	Model 4
	Model 2	Model 5
	Model 3	Model 6
Head support (6 sizes)		

	Indexing bar	Vacuum bag
	<input type="checkbox"/> C1 <input type="checkbox"/> C6	<input type="checkbox"/> Ref. 18056
	<input type="checkbox"/> C2 <input type="checkbox"/> C7	<input type="checkbox"/> Ref. 18057
	<input type="checkbox"/> C3 <input type="checkbox"/> C8	
	<input type="checkbox"/> C4 <input type="checkbox"/> C9	
<input type="checkbox"/> C5 <input type="checkbox"/> C10		
Vacuum bag		

Positioning of elements	
SBRT base plate position on table:	
Thermoplastic mask used:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slots where thermoplastic mask is attached:	
Others/remarks	

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