|  |  |  |  |
| --- | --- | --- | --- |
| Patient |  | Date of Birth |  |
| Notes |  | | |

|  |  |  |
| --- | --- | --- |
| inferior lok-bar indexed to table at (EX: H1, F2) |  |  |
| NUMBER OF RISER PAIRS USED | Choose an item. |  |
| TREATMENT OPENING LOCATION | Choose an item. |  |
| TREATMENT OPENING SIZE | Choose an item. |  |

|  |  |  |
| --- | --- | --- |
| CONTRALATERAL BREAST CUSHION | Choose an item. |  |
|  | |

|  |  |  |
| --- | --- | --- |
| HEAD CUSHION SUPERIOR SETTING | Choose an item. |  |
| HEAD CUSHION height SETTING | Choose an item. |  |

|  |  |
| --- | --- |
| left handle position | Choose an item. Choose an item. Choose an item. |
| right handle position | Choose an item. Choose an item. Choose an item. |

|  |  |  |
| --- | --- | --- |
| bridge type | Choose an item. |  |
| bridge location | Choose an item. |  |
| bridge height | Choose an item. |  |
| accessory used | Choose an item. |  |

|  |  |  |
| --- | --- | --- |
| side scale reading (0–220mm) |  |  |
| front scale reading (0–300mm) |  |  |