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

|  |  |  |
| --- | --- | --- |
| head support used |  | |
| index lok-Bar™ to table (ex: h1, f2) |  | |
| set tilting board elevation angle | Choose an item. |  |
| bottom stop position | Choose an item. |  |
| head Support Position | Choose an item. |  |
| right UPPER ARM SUPPORT ROTATION | Choose an item. |  |
| left UPPER ARM SUPPORT ROTATION | Choose an item. |
| right upper arm support horizontal position | Choose an item. |  |
| left upper arm support horizontal position | Choose an item. |
| right upper arm support angle | Choose an item. |  |
| left upper arm support angle | Choose an item. |
| right lower arm support height | Choose an item. |  |
| left lower arm support height | Choose an item. |
| laser alignment location |  |  |
| theromplastics used | Head-Only  Breast | |