EN: English

SETUP SHEET

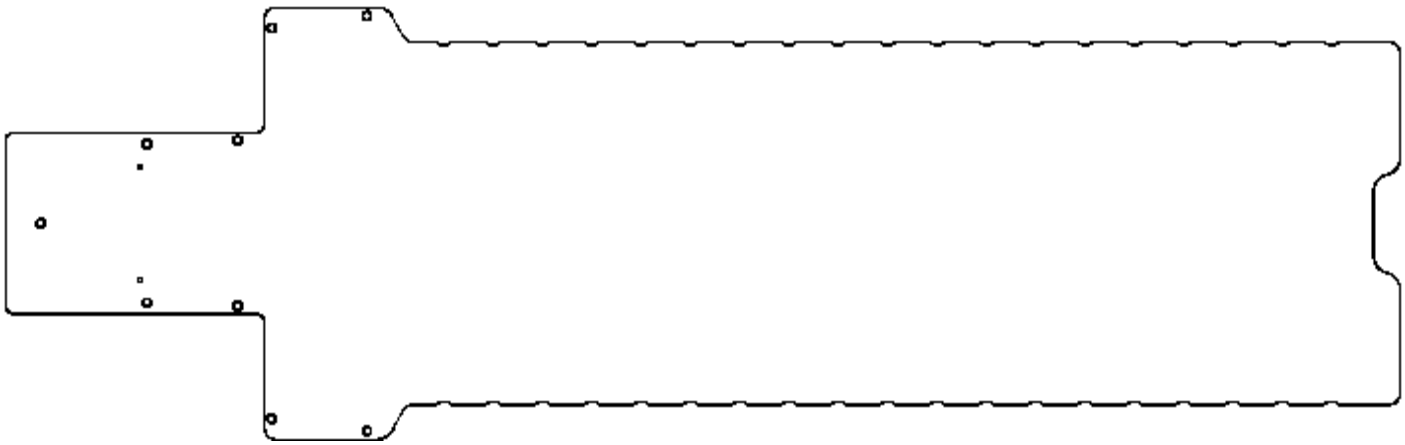
RT-4700-01 INSIGHT™ MR OVERLAY

Patient Name:

Patient ID #: Setup by:

Physician: Date:

Comments:



Notes:

Qfix | 440 Church Road | Avondale, Pennsylvania 19311 USA | +1 484-720-6053 | +1 610-268-0588 | www.Qfix.com

DE: Deutsch (German)

INSTALLATIONSBLATT

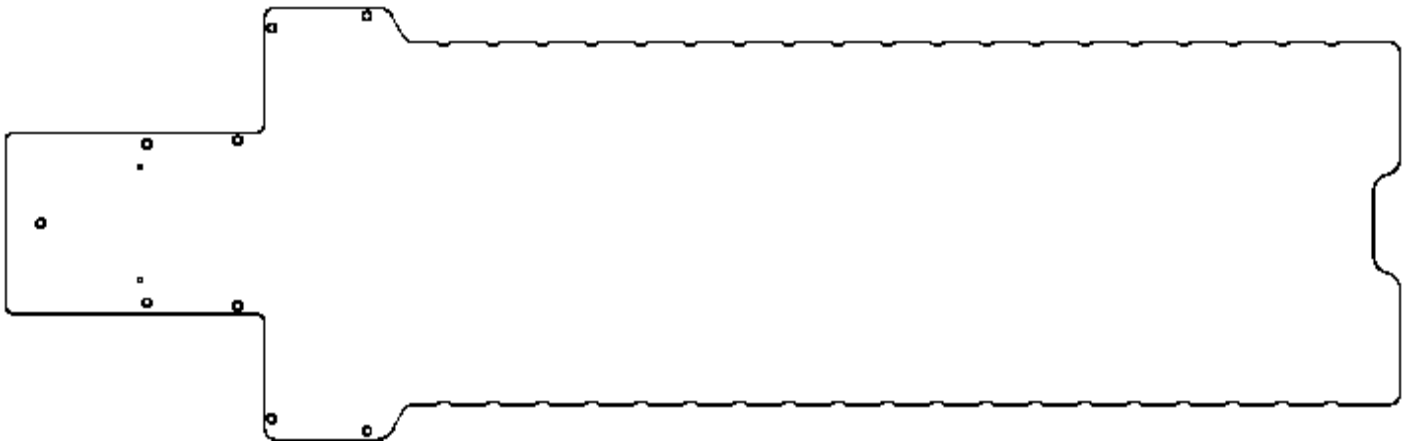
RT-4700-01 INSIGHT™ MRT-OVERLAY

Name des Patienten:

Kennnummer des Patienten: Eingerichtet von:

Arzt: Datum:

Anmerkungen:



Notizen:

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ES: Español (Spanish)

HOJA DE PREPARACIÓN

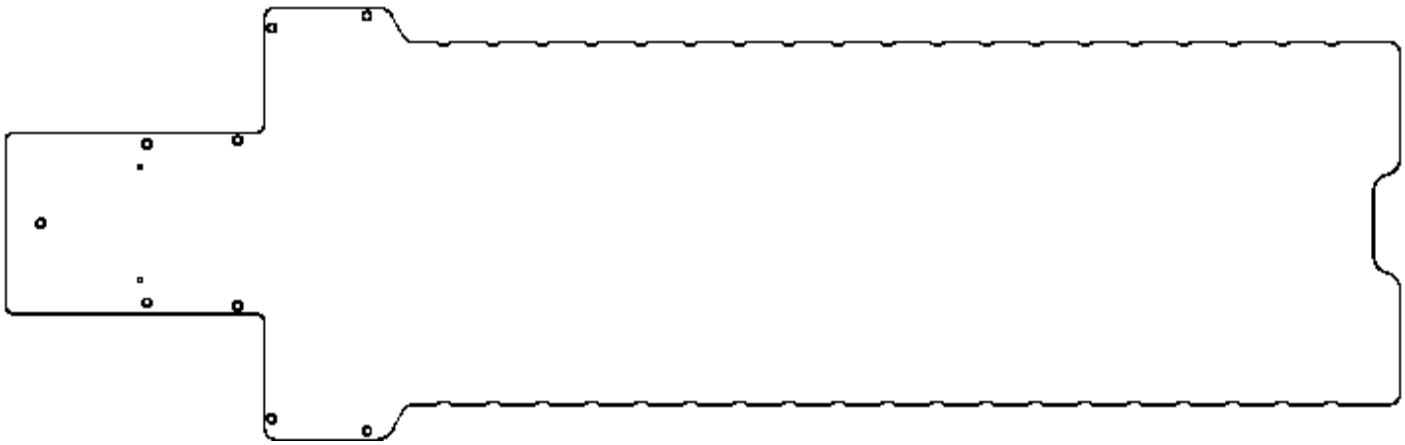
CUBIERTA INSIGHT™ RM RT-4700-01

Nombre del/de la paciente:

N.º de ident. del/de la paciente: Preparación realizada por:

Médico: Fecha:

Comentarios:



Notas:

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FI: Suomi (Finnish)

POTILASASENNUSKAAVIO

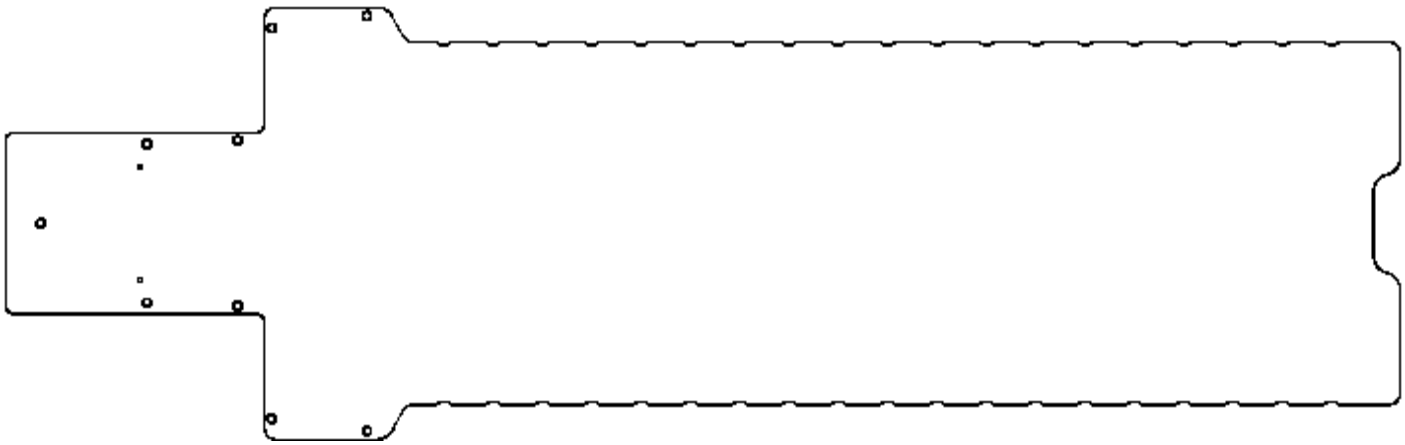
RT-4700-01 INSIGHT™-MAGNEETTIKUVAUSALUSTA

Potilaan nimi:

Potilastunniste: Asentaja:

Lääkäri: Pvm:

Kommentit:



Muistiinpanot:

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PL: Polski (Polish)

ARKUSZ KONFIGURACJI

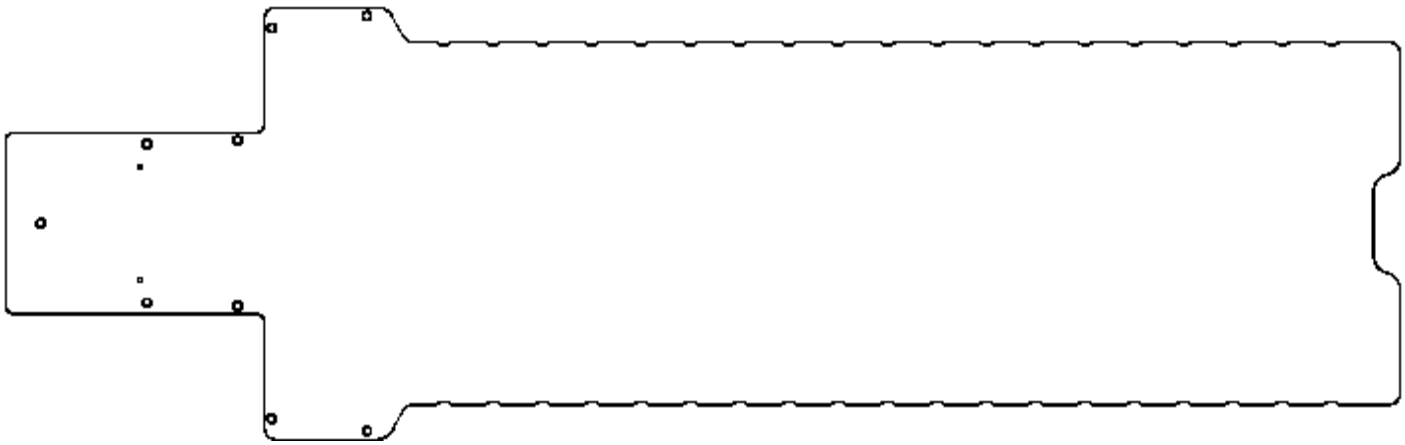
RT-4700-01 NAKŁADKA INSIGHT™ MR

Nazwisko pacjenta:

Numer ID pacjenta: Osoba wykonująca konfigurację:

Lekarz: Data:

Uwagi:



Uwaga:

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SR: Srpski (Serbian)

KARTON PODEŠAVANJA

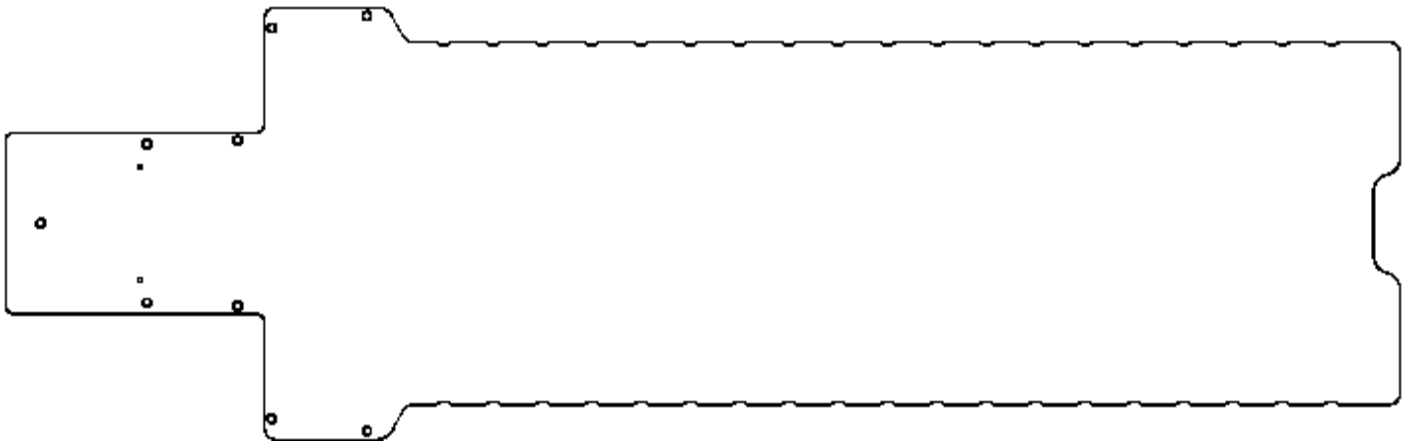
RT-4700-01 INSIGHT™ PLOČA ZA PACIJENT STO ZA APARAT ZA MAGNETNU REZONANCU PROIZVOĐAČA SIEMENS

Prezime i ime pacijenta:

Prezime i ime pacijenta: Postavio/la:

Ljekar: Datum:

Komentari:



Napomene:

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ZH: 简体中文 (Chinese)

设置表

RT-4700-01 INSIGHT™ MR 覆盖罩

患者姓名：

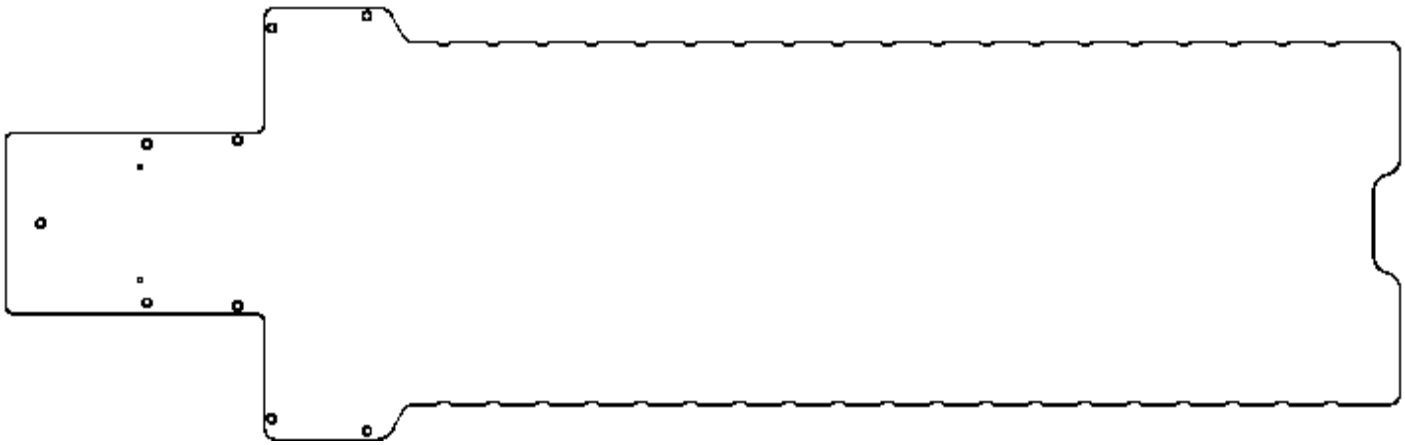
患者 ID 号：

设置人：

医生：

日期：

注释：



备注：

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