|  |  |  |  |
| --- | --- | --- | --- |
| Patient |  | Date |  |
| Notes |  | | |

|  |  |  |
| --- | --- | --- |
| Rotational Setting | Choose an item. |  |

|  |  |  |
| --- | --- | --- |
| adult forehead end | Choose an item. |  |
| adult chin end | Choose an item. |

|  |  |  |
| --- | --- | --- |
| pediatric forehead end | Choose an item. |  |
| pediatric chin end | Choose an item. |