|  |  |  |  |
| --- | --- | --- | --- |
| Patient |  | Date of Birth |  |
| system serial # |  | | |
| MR System Serial # |  | | |
| Notes |  | | |

|  |  |  |
| --- | --- | --- |
| headrest type | Choose an item. |  |
| type of customizable head cushion (if applicable) |  |  |
| Type of head support (if applicable) | Choose an item. |  |

|  |  |  |
| --- | --- | --- |
| Thermoplastic type | Choose an item. |  |
| Shoulder thermoplastic Used? | Choose an item. |  |

|  |  |  |
| --- | --- | --- |
| Indexing Location | Choose an item. |  |