

Set-up Sheet - C-Qual™ Breastboard

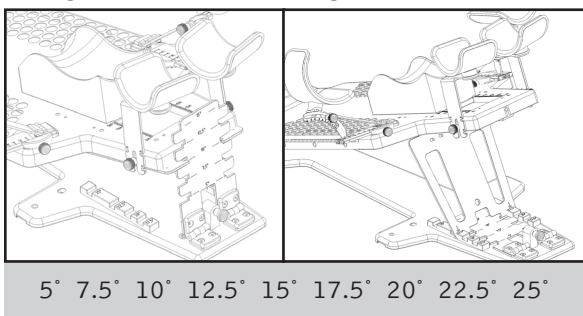
Patient: _____

Date: _____

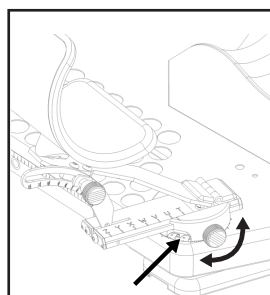
Notes: _____

1. Lok-Bar™ is indexed to table at (i.e. H1, F2): _____

2. Tilting Board Elevation Angle (circle one)



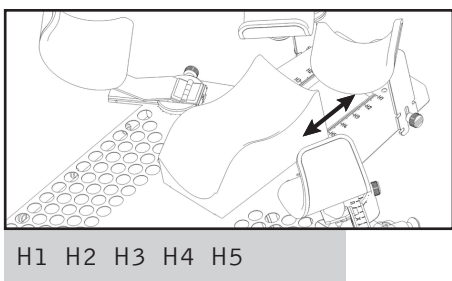
6. Upper Arm Support Rotation (circle one for each arm)



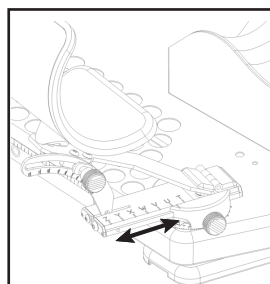
Right: A B C D E F G H I J K L M N O P
Left: A B C D E F G H I J K L M N O P

3. Head Support Used _____

4. Head Support Position (circle one)

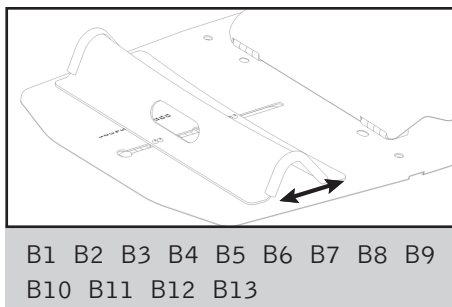


7. Upper Arm Support Horizontal Position (circle one for each arm)



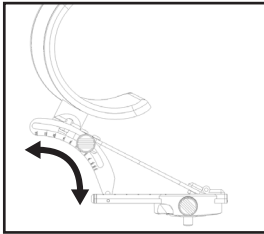
Right: T U V W X Y Z
Left: T U V W X Y Z

5. Bottom Stop Position (circle one)



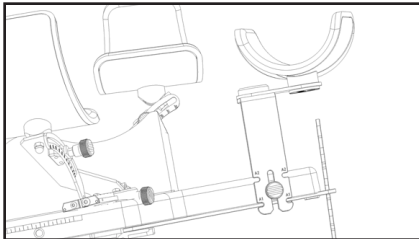
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8. Upper Arm Support Angle (circle one for each arm)



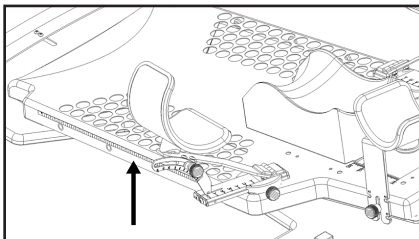
Right: 1 2 3 4 5 6 7 8 9 10 11 12
 Left: 1 2 3 4 5 6 7 8 9 10 11 12

9. Lower Arm Support Height (circle one for each arm)



Right: A1 A2
 Left: A1 A2

10. Laser Alignment Location



11. Thermoplastics Used

| | | |
|-----------|------------------------------|-----------------------------|
| Head-only | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Breast | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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