

Patient Name

 Date

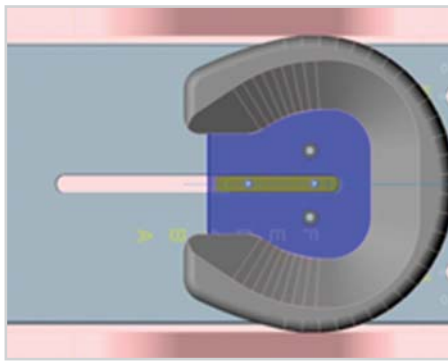
 Area of RX- orientation

 Patient I.D.

Face Cushion Indexing

Contralateral Breast

A	B	C	D	E	F
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Breast Wedge Used?

 YES

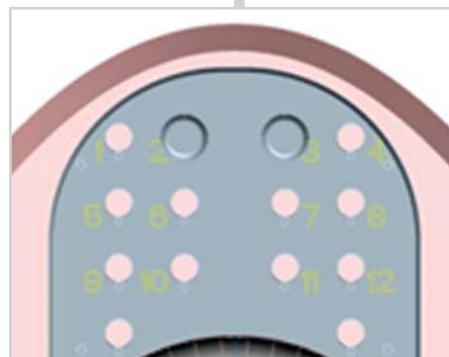
 NO

Hand Rest Indexing

Left Hand

Right Hand

1	2	3	4
5	6	7	8
9	10	11	12
13		14	



1	2	3	4
5	6	7	8
9	10	11	12
13		14	