Extremities Solution





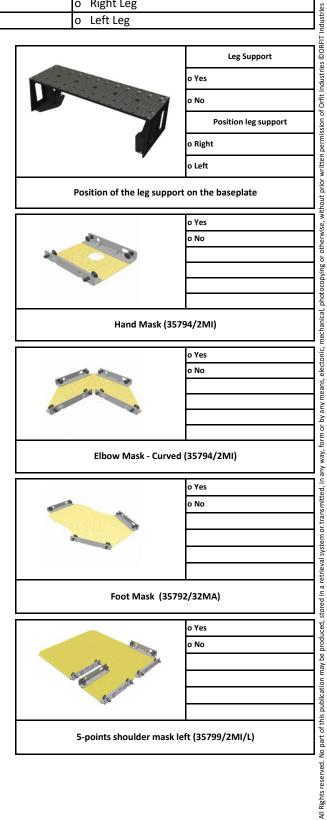
Patient ID:	

Date:

Treatment area:	o Right Arm	o Right Leg
	o Left Arm	o Left Leg

rreatment area.	o Left Arm		
arriari;;	Base Plate		
	o Yes		
	o No		
Position of the baseplate on the table			
	Position comfort cushions		
Q145975	o Knee		
	o Heel		
	o Elbow		
	o Hand		
Comfort Cus	hions		
	o Yes		
**	o No		
Elbow Mask - Straigh	t (35795/2MI)		
	o Yes		
**	o No		
M 11111			

Knee Mask (3579	93/32MA)		
4.5	o Yes		
	o No		
5-points shoulder mask ri	ght (35799/2MI/R)		

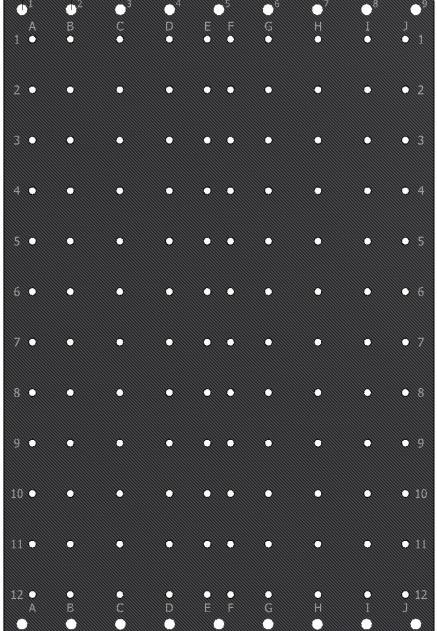


5-points shoulder mask left (35799/2MI/L)



Patient ID:
Date:

Draw the location of the masks and the 2-pin bar on the baseplate

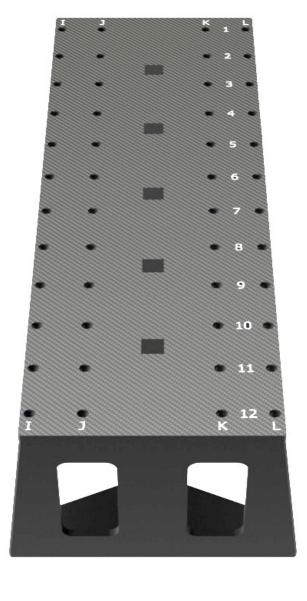




Patient ID	

Date:

Draw the location of the masks on the leg support



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