



The Sagittilt Prone Breast Solution
Individual patient positioning document

Patient ID:

Date:

	<input type="checkbox"/> E1	<input type="checkbox"/> E7
	<input type="checkbox"/> E2	<input type="checkbox"/> E8
	<input type="checkbox"/> E3	
	<input type="checkbox"/> E4	
	<input type="checkbox"/> E5	
	<input type="checkbox"/> E6	
Arm support		

	<input type="checkbox"/> AL1	<input type="checkbox"/> AR1
	<input type="checkbox"/> AL2	<input type="checkbox"/> AR2
	<input type="checkbox"/> AL3	<input type="checkbox"/> AR3
	<input type="checkbox"/> AL4	<input type="checkbox"/> AR4
	<input type="checkbox"/> AL5	<input type="checkbox"/> AR5
	<input type="checkbox"/> AL6	<input type="checkbox"/> AR6
Elbow supports (left and right)		

	<input type="checkbox"/> DR1 <input type="checkbox"/> DR8	<input type="checkbox"/> DL1 <input type="checkbox"/> DL8
	<input type="checkbox"/> DR2 <input type="checkbox"/> DR9	<input type="checkbox"/> DL2 <input type="checkbox"/> DL9
	<input type="checkbox"/> DR3 <input type="checkbox"/> DR10	<input type="checkbox"/> DL3 <input type="checkbox"/> DL10
	<input type="checkbox"/> DR4 <input type="checkbox"/> DR11	<input type="checkbox"/> DL4 <input type="checkbox"/> DL11
	<input type="checkbox"/> DR5 <input type="checkbox"/> DR12	<input type="checkbox"/> DL5 <input type="checkbox"/> DL12
	<input type="checkbox"/> DR6	<input type="checkbox"/> DL6 <input type="checkbox"/> DL13
	<input type="checkbox"/> DR7	<input type="checkbox"/> DL7
	Hand grips	

	<input type="checkbox"/> superior (on top of support)
	<input type="checkbox"/> inferior (against support)
Chin support	

	<input type="checkbox"/> C1
	<input type="checkbox"/> C2
	<input type="checkbox"/> C3
	<input type="checkbox"/> C4
Forehead support: vertical position	

	<input type="checkbox"/> B1
	<input type="checkbox"/> B2
	<input type="checkbox"/> B3
	<input type="checkbox"/> B4
	<input type="checkbox"/> B5
	<input type="checkbox"/> B6
Forehead support: longitudinal position	

	<input type="checkbox"/> G1 <input type="checkbox"/> G7 <input type="checkbox"/> G13 <input type="checkbox"/> G19
	<input type="checkbox"/> G2 <input type="checkbox"/> G8 <input type="checkbox"/> G14 <input type="checkbox"/> G20
	<input type="checkbox"/> G3 <input type="checkbox"/> G9 <input type="checkbox"/> G15 <input type="checkbox"/> G21
	<input type="checkbox"/> G4 <input type="checkbox"/> G10 <input type="checkbox"/> G16 <input type="checkbox"/> G22
	<input type="checkbox"/> G5 <input type="checkbox"/> G11 <input type="checkbox"/> G17
	<input type="checkbox"/> G6 <input type="checkbox"/> G12 <input type="checkbox"/> G18
Leg support	

	Left	Right
	<input type="checkbox"/> F1	<input type="checkbox"/> F1
	<input type="checkbox"/> F2	<input type="checkbox"/> F2
	<input type="checkbox"/> F3	<input type="checkbox"/> F3
Position of the slot to attach a thermoplastic mask		

	Left	Right
	<input type="checkbox"/> 1 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 6
	<input type="checkbox"/> 2 <input type="checkbox"/> 7	<input type="checkbox"/> 2 <input type="checkbox"/> 7
	<input type="checkbox"/> 3 <input type="checkbox"/> 8	<input type="checkbox"/> 3 <input type="checkbox"/> 8
	<input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 4 <input type="checkbox"/> 9
	<input type="checkbox"/> 5 <input type="checkbox"/> 10	<input type="checkbox"/> 5 <input type="checkbox"/> 10
Tilting mechanism		

	Cranial	Caudal
Couch fixation: position of the 2-pin bars on the table		

All Rights reserved. No part of this publication may be produced, stored in a retrieval system or transmitted, in any way, form or by any means, electronic, mechanical, photocopying or otherwise, without prior written permission of Orfit Industries © ORFIT Industries

