

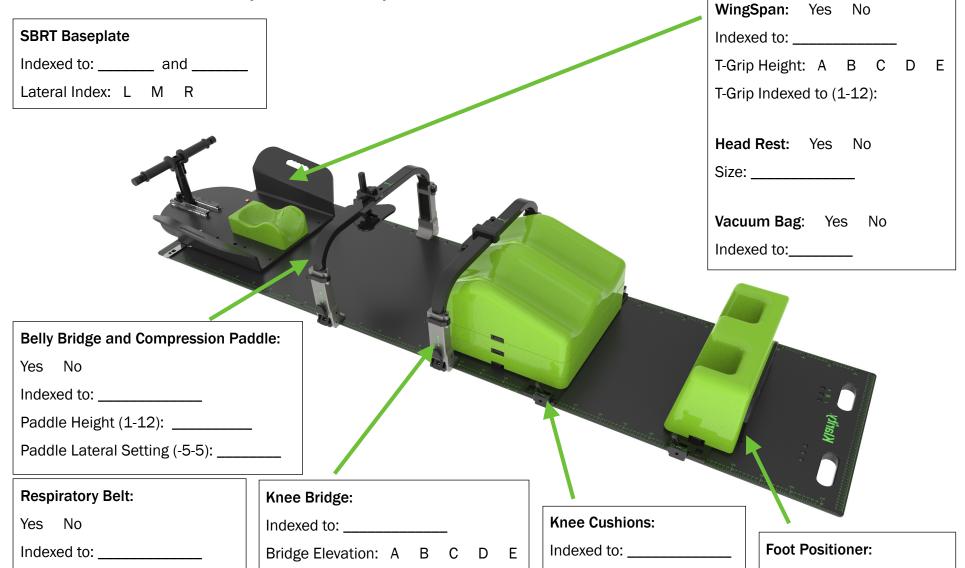
A:____ B:___ C:____

Patient:	Date:
Notes: _	

Cushion Elevation: 1 2

Indexed to:

R62400-3CF SBRT System Set Up



Knee Vacuum Bag: Yes No