

Set-up Sheet - New Horizon™ Prone Breastboard

Patient: _____ Date: _____

Notes: _____

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

2. Number of spacer pairs used (check one): 0 1 2

3. Treatment opening location (check one): Left Right

4. Treatment opening size (check one): Narrow Wide

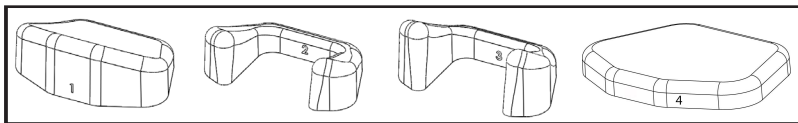
5. Contralateral breast cushion (check one):

1-Solid Wedge
P/N 20HPBB016

2-Short Wedge (10cm) with Tray
P/N 20HPBB008

3-Tall Wedge (13cm) with Tray
P/N 20HPBB017

4-Flat Solid
P/N 20HPBB031



6. Head Cushion

Superior Setting
(check one)

1

2

3

4

5

Height Setting
(check one)

1

2

3

4

7. Handle Positions

Left Handle
(check one in each column)
Example shown at W, 4, Superior

W <input type="checkbox"/>	1 <input type="checkbox"/>	Handle Facing
N <input type="checkbox"/>	2 <input type="checkbox"/>	Superior <input type="checkbox"/>
	3 <input type="checkbox"/>	Inferior <input type="checkbox"/>
	4 <input type="checkbox"/>	Right <input type="checkbox"/>
	5 <input type="checkbox"/>	Left <input type="checkbox"/>

Right Handle
(check one in each column)
Example shown at N, 3, Left

W <input type="checkbox"/>	1 <input type="checkbox"/>	Handle Facing
N <input type="checkbox"/>	2 <input type="checkbox"/>	Superior <input type="checkbox"/>
	3 <input type="checkbox"/>	Inferior <input type="checkbox"/>
	4 <input type="checkbox"/>	Right <input type="checkbox"/>
	5 <input type="checkbox"/>	Left <input type="checkbox"/>

8. Bridge Specifications - Bridge Type(check one): Type 1 Type 2 Type 3 None

Location
(check one)

1

2

3

4

5

Height
(check one)

-6 <input type="checkbox"/>	-1 <input type="checkbox"/>	4 <input type="checkbox"/>
-5 <input type="checkbox"/>	0 <input type="checkbox"/>	5 <input type="checkbox"/>
-4 <input type="checkbox"/>	1 <input type="checkbox"/>	6 <input type="checkbox"/>
-3 <input type="checkbox"/>	2 <input type="checkbox"/>	7 <input type="checkbox"/>
-2 <input type="checkbox"/>	3 <input type="checkbox"/>	8 <input type="checkbox"/>

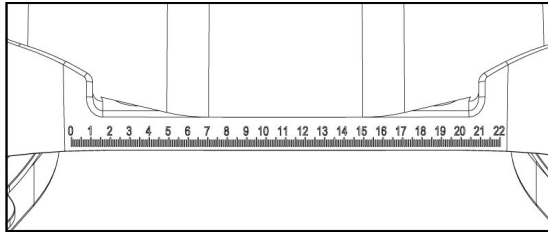
Accessory Used
(check one)

Laser-Lok™

Clam-Lok™

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9. Side scale reading (0-220mm) _____



10. Front scale reading (0-300mm) _____

