

# SET-UP SHEET

## Positilt™

Patient:

Date:

Notes:

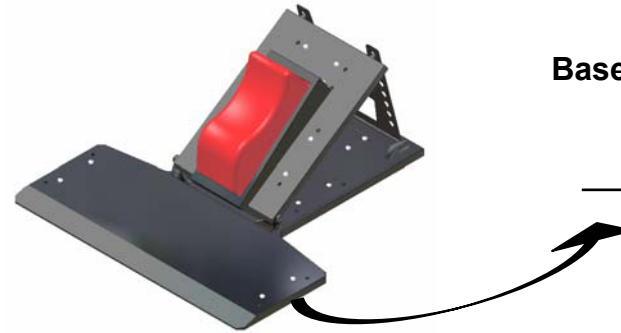
1



Angular rotation:

\_\_\_\_\_

2



Baseplate type:

\_\_\_\_\_

3

Head support type:

Block / Wedge type:

\_\_\_\_\_

\_\_\_\_\_

### Contact information for questions and support:

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