

# 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 riser pairs used (check one):      0     1     2

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

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

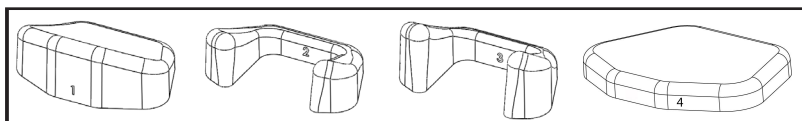
5. Contralateral breast cushion (check one):

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"/>

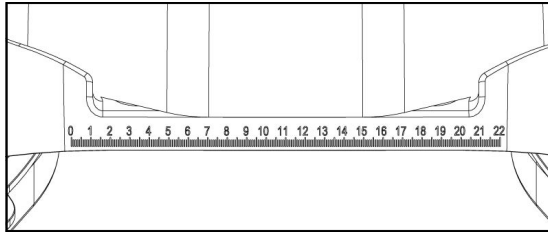
**Accessory Used (check one)**

Laser-Lok™

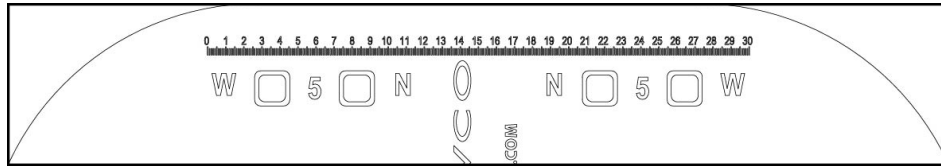
Clam-Lok™

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9. Side scale reading (0-220mm) \_\_\_\_\_



10. Front scale reading (0-300mm) \_\_\_\_\_



**Global Sales Office**

Orange City, Iowa, USA

800.842.8688 | +1 712.737.8688

[info@CivcoRT.com](mailto:info@CivcoRT.com)

[www.CivcoRT.com](http://www.CivcoRT.com)

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