

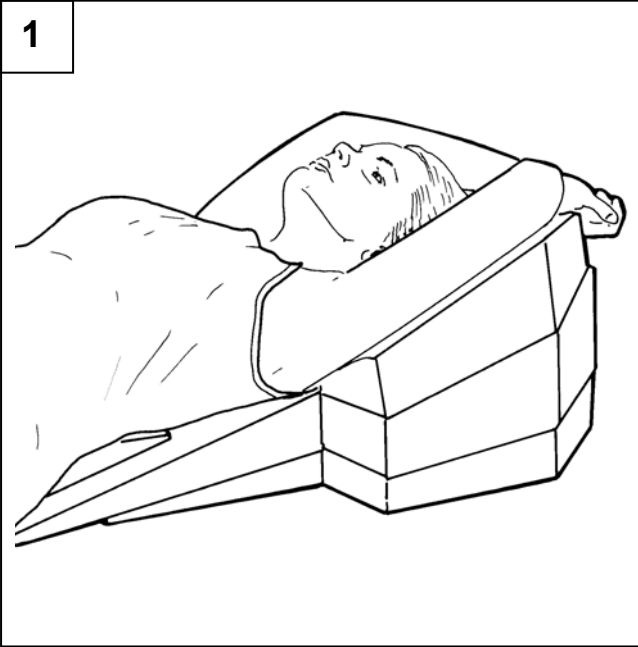
SET-UP SHEET

Thorawedge™ system

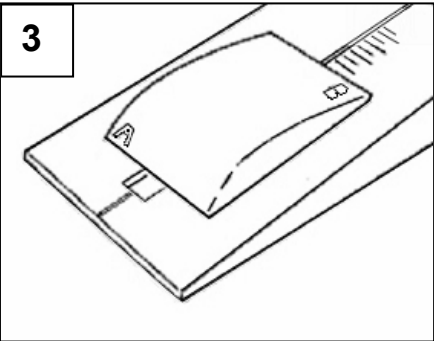
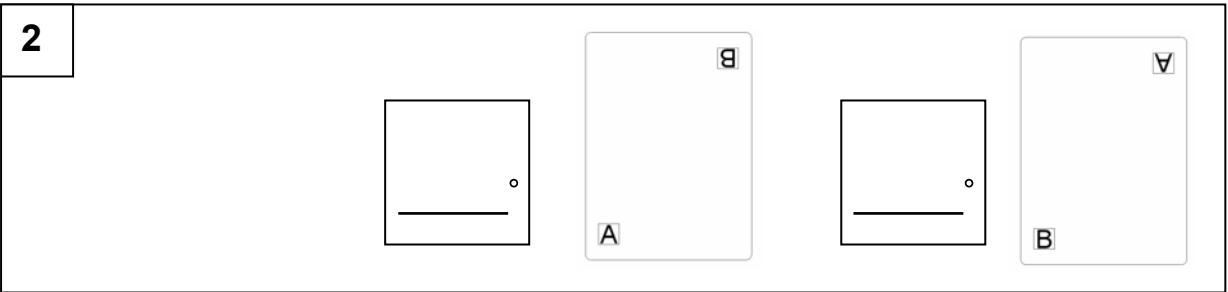
Patient:

Date:

Notes:



Top	Wedge
	○
	_____ ○
	_____ ○
	_____ ○
	_____ ○
	_____ ○
	_____ ○
	_____ ○
	_____ ○
Bottom	Wedge



Contact information for questions and support:
 CIVCO Medical Solutions - Radiation Oncology
 1401 8th Street SE, PO Box 320 • Orange City, IA 51041
 800.842.8688 • 712.737.8688 • WWW.CIVCO.COM

Position Lumbar support: _____