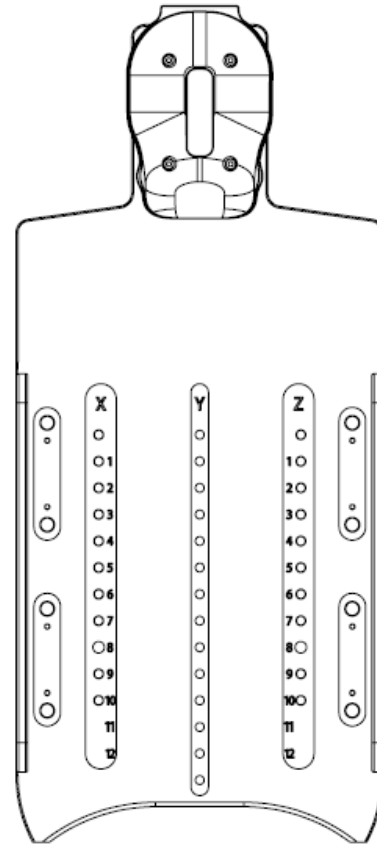
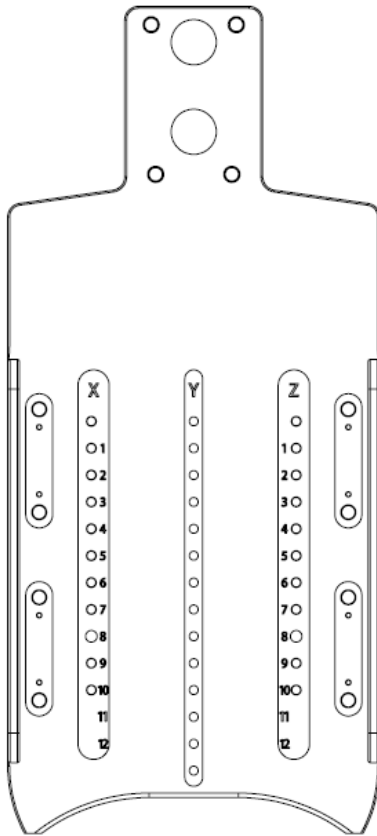


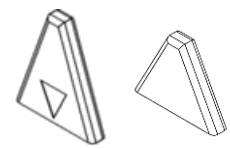
EXAKID SET-UP DATA SHEET

Patient identification:	Date:
Notes:	

CRADLE

 Without the head immobilization module:

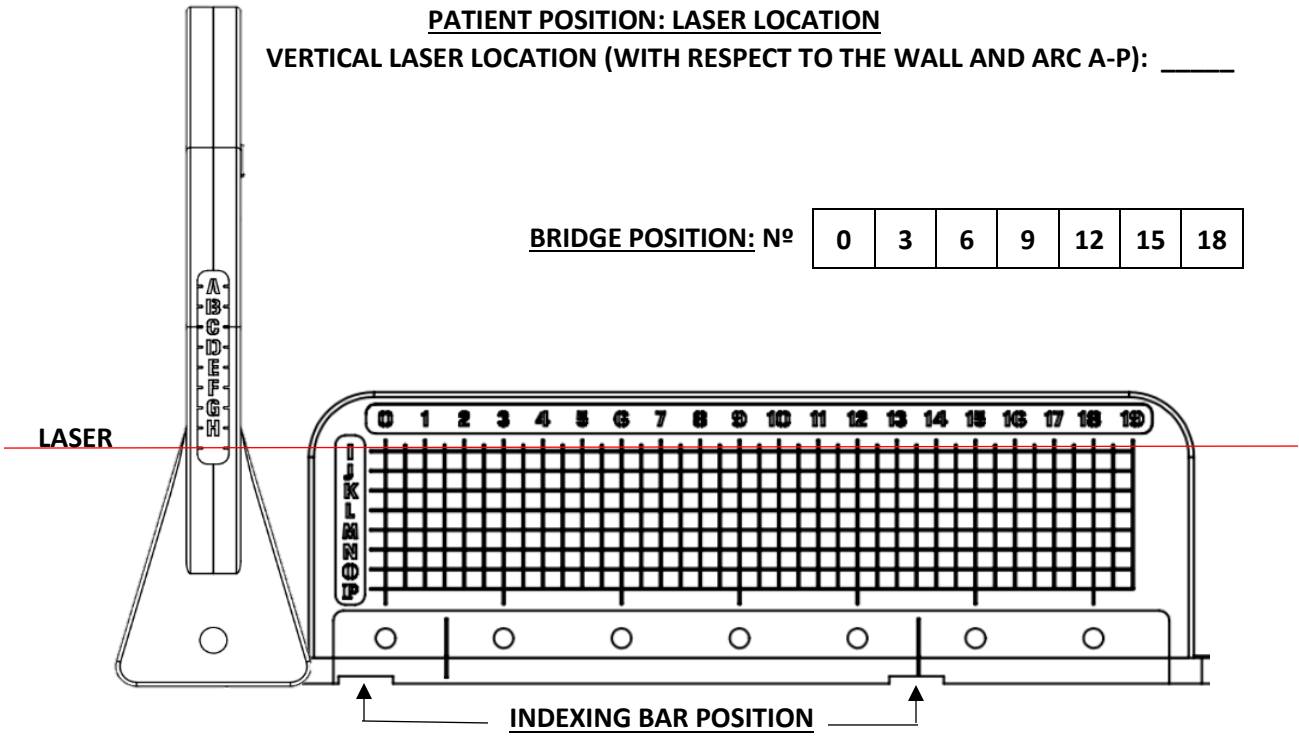
 With the head immobilization module:


CUSHION MARKERS POSITION	PERINEAL MARKER #1: POSITION ___ SMALL MARKER #2: POSITION ___ SMALL MARKER #3: POSITION ___ SMALL MARKER #4: POSITION ___ SMALL MARKER #5: POSITION ___	
THERMOPLASTIC MASK	yes / no	Type:
MOLDCARE	yes / no	Type:

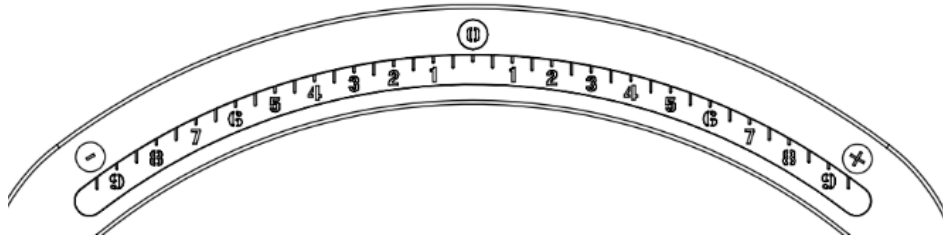
PATIENT POSITION: LASER LOCATION
VERTICAL LASER LOCATION (WITH RESPECT TO THE WALL AND ARC A-P): _____

BRIDGE POSITION: N°

0	3	6	9	12	15	18
---	---	---	---	----	----	----



LATERAL LASER LOCATION (WITH RESPECT TO THE BRIDGE +9 TO -9): _____



LONGITUDINAL LASER LOCATION
(WITH RESPECT TO THE WALL 0-19):

