

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

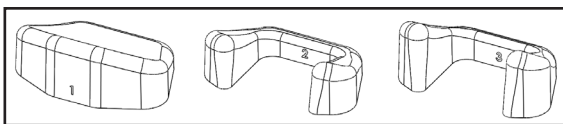
4. Treatment opening size (check one): Narrow Wide

5. Contralateral breast wedge (check one): 1-Solid 2-Short (10cm) with Tray 3-Tall (13cm) with Tray

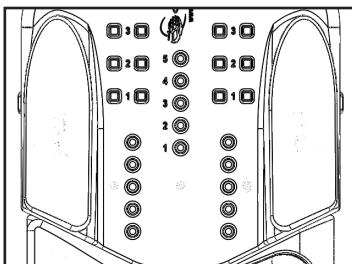
P/N 20HPBB016

P/N 20HPBB008

P/N 20HPBB017

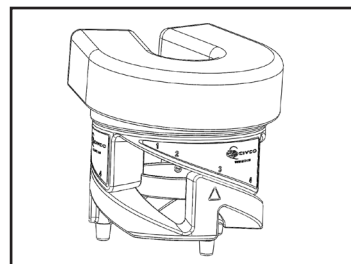


6. Head Cushion



Superior Setting
(check one)

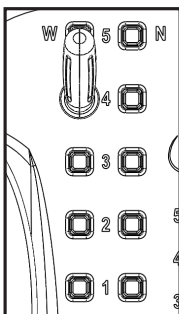
- 1
- 2
- 3
- 4
- 5



Height Setting
(check one)

- 1
- 2
- 3
- 4

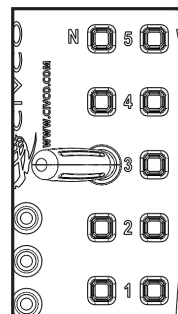
7. Handle Positions



Left Handle
(check one in each column)

Example shown at W, 4, Superior

- | | | |
|----------------------------|----------------------------|--|
| W <input type="checkbox"/> | 1 <input type="checkbox"/> | Handle Facing <input type="checkbox"/> |
| 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"/> |



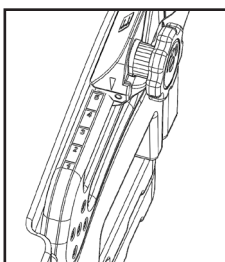
Right Handle
(check one in each column)

Example shown at N, 3, Left

- | | | |
|----------------------------|----------------------------|--|
| W <input type="checkbox"/> | 1 <input type="checkbox"/> | Handle Facing <input type="checkbox"/> |
| 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"/> |

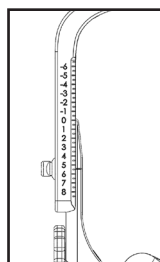
8. Breast laser locator used (check one): Yes No

9. 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™