

Radiation Bra Set-up Sheet

Chabner XRT® Radiation Bra



Patient Name:

Date:

Patient ID:

Notes:

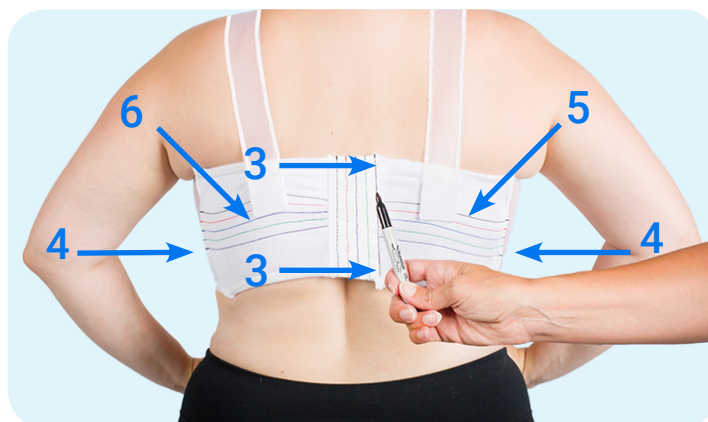
- 1 Bra Size:
- 2 Back Extender Used?
- 3 Back Closure:
- 4 Adjustment made to side Velcro?

5 Right Shoulder Strap:

Shoulder Strap Extender Used?

6 Left Shoulder Strap:

Shoulder Strap Extender Used?



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