

Patient ID		<table style="margin: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Year</td> <td colspan="7" style="text-align: center; font-size: small;">No.</td> </tr> </table>											Day	Month	Year	No.						
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Radiotherapy delivered																						
Date of first RT	Form filled in by: Name: _____ (CAPITAL LETTERS) Sign.: _____ Date <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> ddmmyy																					
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Dose levels when therapy includes a simultaneous integrated boost, SIB

SIB / Non-SIB in fr	V90% dose level (Gy)	V95% dose level (Gy)	Reference dose (mean dose) (Gy)	D2% dose level (Gy)	Global max (Gy)
63 Gy / 51,52 Gy in 28 fr					
CTV _{p_breast} -CTV _{boost}	48,94		51,52		
CTV _{boost}		59,90	63,00	66,20	68,00
57 Gy / 50 Gy in 25 fr					
CTV _{p_breast} -CTV _{boost}	47,50		50,00		
CTV _{boost}		54,20	57,00	59,90	61,60
52,2 Gy / 42,3 Gy in 18 fr					
CTV _{p_breast} -CTV _{boost}	40,19		42,30		
CTV _{boost}		49,60	52,20	54,80	56,40
45,75 Gy / 40 Gy in 15 fr					
CTV _{p_breast} -CTV _{boost}	38,00		40,00		
CTV _{boost}		43,50	45,75	48,00	49,40

