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PROSTATE ULTRASOUND FOR BRACHYTHERAPY PLANNING

DATE: _____

Patient Name: _____ , _____
Last Name First Name

D.O.B. _____

HEIGHT _____ CM

WIDTH _____ CM

LENGTH _____ CM

H x W x L x 52= _____ CM VOLUME

IF PATIENT ???

1. ESTIMATE AND SUBTRACT VOLUME OF DEFECT _____ CM

2. WIDTH OF RESIDUAL RIM (MUST BE >1 CM) _____ CM