

Health Sciences Center

Gamma Knife Unit

Skull Geometry

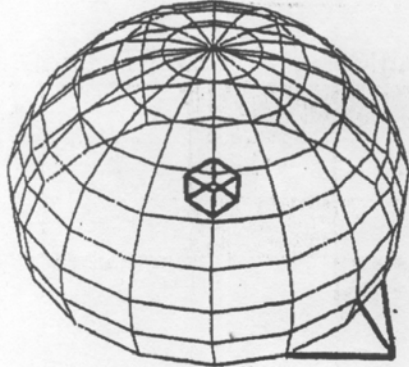
Date: _____ Patient Name: _____

Medical Record# _____ DOB: _____

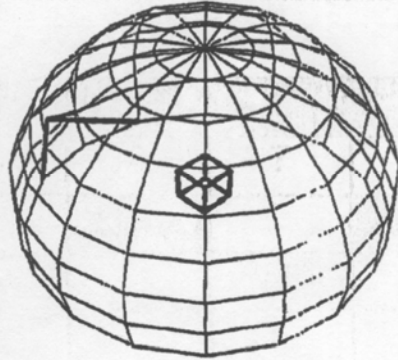
Gamma Plan 5.30 Signature _____

Top								
	1	2	3	4	5	6	7	8
A								
B								
C								
D								

Anterior right view



Posterior left view



POST GEOMETRY

		Height (mm)	Screw (mm)
Anterior Left	Angled two holes, angled one hole		
Anterior Right	Angles two holes, angled one hole		
Posterior Left	Short two holes, long two holes, Short one hole, long one hole		
Posterior Right	Short two holes long two holes. Short one hole. long one hole		

