**Annexure- CM - RDG**

**Spectrum of Diagnosis in the Specialty of Radio Diagnosis:** Departments from which the Radio-Diagnosis department is receiving cases (along with number of cases referred to the department in last 3 years)

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| **Spectrum of Clinical Diagnosis (Indicative Spectrum of Diagnosis is listed below)** | | **Year wise no. of Clinical / Surgical Procedures** | | |
| **2019** | **2018** | **2017** |
| Orthopaedics | |  |  |  |
| Obstetrics | |  |  |  |
| Gynaecology | |  |  |  |
| Pediatrics | |  |  |  |
| General Medicine | |  |  |  |
| General Surgery | |  |  |  |
| Respiratory Disease/ Pulmonology | |  |  |  |
| Neurology | |  |  |  |
| Neuro Surgery | |  |  |  |
| Urology | |  |  |  |
| Cardiology | |  |  |  |
| Nephrology | |  |  |  |
| Gastroenterology | |  |  |  |
| Oncology | |  |  |  |
| Others | |  |  |  |
| **Number of Investigations done in last three years in the department** | | | | |
| **Modality** | | **Year** | | |
| **2019** | **2018** | **2017** |
| Conventional Radiology | |  |  |  |
| Contrast Radiology | |  |  |  |
| Mammography | |  |  |  |
| Ultrasound | |  |  |  |
| Color Doppler | |  |  |  |
| CT | |  |  |  |
| MRI | |  |  |  |
| **List of Equipments** | | | | |
| **Modality** | **Specifications** | | **Number of equipments** | |
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**Date:**

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| **Signatures of Head of the Department**  **with stamp** | **Signature with official stamp of Administrative Head of the Institute/Hospital**  (Authorized signatory on behalf of applicant hospital) |