**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) |