Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Registration Details**

Your Company Logo

Name of the patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ M/F

Referring Dr. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of last meal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact number with relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of patient/relative)

**Clinical Details**

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Fasting Blood Sugar : \_\_\_\_\_\_\_\_\_ mg/dL Sr. Creatinine : \_\_\_\_\_\_\_ mg/dL Height : \_\_\_\_\_\_\_\_ cms Weight : \_\_\_\_\_\_ Kgs

LMP : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pregnancy test : Yes/No; if yes result of UPT : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breast feeding : Yes/No; If yes, precautions explained : Yes/No

Other relevant clinical history:

Screening for Contrast allergy:

i) Any history of reaction to contrast media: Yes/No ii) Are you taking Tab Metformin or containing medicine: Yes/No

iii) Have you had any radiology test with IV contrast media within the past 48 hours: Yes/No

iv) Other relevant information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedure/Investigation/Therapy to be performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Medical Officer)

**UHID, Payment and Injection details**

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UHID : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payment received : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radiopharmaceutical injected/ingested :\_\_\_\_\_\_\_\_\_\_\_\_ Qty : \_\_\_\_\_\_ mCi Post injection:\_\_\_\_mCi Time : \_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_

Second injection (if any) RP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Qty : \_\_\_\_\_\_ mCi Post injection:\_\_\_\_mCi Time : \_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_

**Feedback from patient/relative**

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How did you came to know about \*\* (company name): Doctor referral/ Company website/Newspaper/Advertisement/others

Waiting time between appointment and actual examination:

Courtesy and politeness of staff attending:

Were you informed well about procedure?

Cleanliness, appearance and comfort:

Overall satisfaction:

**Any comments, suggestions or Critics**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 5 |  | 4 |  | 3 |  | 2 |  | 1 |

5 = Excellent; 4 = Very good ; 3 = Good ; 2 = Reasonable ; 1= Unsatisfactory

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**Report dispatch details**

Handed over : Report Films CD Receipt

Report received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

तारीख : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**पंजीकरण के विवरण**

Your Company Logo

रोगी का नाम : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_मोब सं. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ आयु: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ पुरुष/ महिला

रेफरिंग डॉक्टर का नाम : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ अंतिम भोजन का समय :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

पता : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

आपातकालीन मोब सं. (संबंध के साथ : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(रोगी / रिश्तेदार के हस्ताक्षर)

**क्लिनिकल विवरण**

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उपवास रक्त शर्करा: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ मिलीग्राम / डीएल क्रिएटिनिन: \_\_\_\_\_\_\_\_\_\_ मिलीग्राम / डीएल ऊंचाई: \_\_\_\_\_सेमी भार: \_\_\_\_\_\_किलो

माहवारी की तारीख : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ गर्भावस्था परीक्षण: हां / नहीं; यदि हाँ तो यूपीटी का परिणाम: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

स्तनपान: हाँ / नहीं; यदि हां, सावधानी समझाई गई : हां / नहीं

अन्य क्लिनिकल विवरण :

**कंट्रास्ट एलर्जी के लिए स्क्रीनिंग**:

i) कंट्रास्ट मीडिया के प्रति प्रतिक्रिया का कोई इतिहास: हां / नहीं ii) क्या आप टैब मेटफॉर्मिन ले रहे हैं या दवा ले रहे हैं: हां / नहीं iii) क्या पिछले 48 घंटों के भीतर आईवी कंट्रास्ट मीडिया के साथ कोई रेडियोलॉजी परीक्षण हुवा है: हां / नहीं

iv) अन्य प्रासंगिक जानकारी \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

प्रक्रिया / जांच / थेरेपी का विवरण : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(चिकित्सा अधिकारी का हस्ताक्षर)

**यूएचआईडी, प्राप्त भुगतान एवं इंजेक्शन** विवरण

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यूएचआईडी: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ प्राप्त भुगतान : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ प्राप्तकर्ता : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

रेडियोफर्मास्यूटिकल इंजेस्टेड / इंजेस्टेड: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ मात्रा: \_\_\_\_\_\_ मिली क्यूरी समय: \_\_\_\_\_\_\_\_\_\_\_\_ द्वारा :\_\_\_\_\_\_\_\_\_\_

रोगी/ सम्बन्धी की प्रतिक्रिया

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\*\*\*\*\*\*\*(your centre name) के बारे में आपको कैसे पता चला: डॉक्टर रेफ़रल / मॉलिकुलर वेबसाइट / समाचार पत्र / विज्ञापन / अन्य

[जांच](https://en.bab.la/dictionary/hindi-english/%E0%A4%9C%E0%A4%BE%E0%A4%82%E0%A4%9A-%E0%A4%95%E0%A4%B0%E0%A4%A8%E0%A4%BE) के [लिए](https://www.google.co.in/search?q=janch+karna+in+hindi&oq=janch+in+hindi&aqs=chrome.2.69i57j0l4.19001j1j7&sourceid=chrome&ie=UTF-8) समय और वास्तविक [जांच](https://en.bab.la/dictionary/hindi-english/%E0%A4%9C%E0%A4%BE%E0%A4%82%E0%A4%9A-%E0%A4%95%E0%A4%B0%E0%A4%A8%E0%A4%BE) के बीच का प्रतीक्षा समय:

कर्मचारियों की सौजन्यता और विनम्रता:

क्या आपको प्रक्रिया के बारे में अच्छी तरह से सूचित किया था?

सफाई, प्रदर्शिता और आराम:

सम्पूर्ण संतुष्टि:

कोई टिप्पणी या सुझाव:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 5 |  | 4 |  | 3 |  | 2 |  | 1 |

5 = उत्कृष्ट; 4 = बहुत अच्छा; 3 = अच्छा; 2 = उचित; 1 = असंतोषजनक

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रिपोर्ट सौंपने का विवरण

सौंपा गया : रिपोर्ट फिल्में सीडी रसीद

रिपोर्ट प्राप्तकर्ता \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ सम्बन्ध\_\_\_\_\_\_\_\_\_\_\_\_\_मोब सं. \_\_\_\_\_\_\_\_\_\_\_\_

दिनांक **एवं** समय: \_\_\_\_\_\_\_\_\_\_\_