

**MEDICAL RECORD**

**INTERSTITIAL/INTERCAVITARY THERAPY**

DIAGNOSIS		DATE
ISOTOPE	TOTAL QUANTITY	MG/mCi
APPLICATOR	TOTAL TIME	HRS.
DIAGRAM		

DOSE INFORMATION

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION <i>(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); hospital or medical facility)</i>		REGISTER NO.	WARD NO.

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