

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		REGISTER NO.	WARD NO.

(For typed or written entries, give: Name -- last, first, middle; ID no.(SSN or other); hospital or medical facility)

