

| DIVIS | ION |
|-------|-----|

|  |  | REPORT ON INTR  | AVENOUS -                | PYELOGRAPHY   |     |             |  |
|--|--|---|--------------------------|---|-----|-------------|--|
| N.B.:  | <ul> <li>(1) TAKE FOUR PYELOGRAMS AS FOLLOWS:</li> <li>(a) Pyelograms – Kidneys &amp; Ureters – 5 Minutes</li> <li>(b) Pyelograms – Kidneys &amp; Ureters – 15 Minutes</li> <li>(c) Pyelograms – Kidneys &amp; Ureters – 30Minutes</li> <li>(d) Pyelograms – Bladder – 40 Minutes</li> </ul> |   |                          |   |     |             |  |
|  | (2)  | Before doing intravenous pyelog prostate should be taken, unles of the date of examination are av | s satisfactory           |   |     |             |  |
| Propos   | sal No   | Name of the Life to be As   | ssured                   |   | Age | Years       |  |
| (1)  | Size _<br>Calyce   | EYS: ion es ther abnormality  |                          | Position<br>_ Pelvis  |     |             |  |
| (2)  | URETERS: Position Obstruction Any other abnormality  |   |                          |   |     |             |  |
| (3)  | Outlin   | SLADDER: Outlines Filling Defect ny other abnormality   |                          |   |     |             |  |
| (4)  | CONC   | LUSIONS:  |                          |   |     |             |  |
| Dated  | at   | on the da   | y of                     | 20  | _   |             |  |
| Signature  | e of the   | Life to be Assured  |                          | ify that the propose<br>ure alongside in m                          |     | ut his /her |  |
| Signature of the Introducer: (Agent / Development Officer) Name : Code No. |  |   | Name:<br>Addre<br>Qualif | Signature of the Radiologist Name: Address: Qualification: Code No: |     |             |  |