



Mashhad Cancer Patients Support Charity Association
Imaging Department of Nazeran Oncology Hospital
Sonography admission form

Name: Father Name: Age: Date of Birth: / / Pass Nu.
Code: Weight: Height:
Brief description of the disease:

Please answer the following questions:

- 1- **Have you had any history of surgery?**
- 2- Have you had a history of blood clots in any part of your body?
- 3- Do you use anticoagulants?
- 4- Do you have a history of high blood pressure?
- 5- Do you have a history of hyperlipidemia?
- 6- Have you had a history of cancer?
- 7- Have you had a history of chemotherapy?
- 8- Have you had a history of radiotherapy?
- 9- Do you have diabetes? What medicine do you use to control your sugar?
- 10- Do you have a history of kidney disease? Explain.
- 11- Are you pregnant or suspected of being pregnant?
- 12- Have you had a history of miscarriage?
- 13- Have you had a history of curettage?
- 14- Have you had a history of hystero-graphy?

I confirm the accuracy of the above and I consider the doctors and the treatment team to be free from any complications resulting from diagnostic procedures and unintentional accidents, and thus the medical team, including radiology and anesthesia of the hospital, is allowed to take all necessary diagnostic and therapeutic measures (including measures). Diagnostic and therapeutic angiographic, radiographic, sonographic, interventional, interventional and other similar cases)

And according to the Diyat Law approved by the Islamic Consultative Assembly on 9/24/1361 and approved by the Guardian Council on 9/9/1361 and the subsequent amendments to the law, thereby acquit the treating physicians and the relevant hospital officials of any legal and sharia guarantee resulting from the actions. I declare diagnosis and treatment and I dismiss any claim for damages in the event of unintentional accidents.

Patient's signature and fingerprint / patient supervisor