

LOG BOOK

For Residents (Phase -B)

Department of Radiology & Imaging

Bangabandhu Sheikh Mujib medical University (BSMMU)
Dhaka, Bangladesh.

Particulars :

Name of the Doctor. -----

Name of the Course: -----

Academic Period. -----

Registration No. of BMDC: -----

Registration No of University: -----

CERTIFICATE

This is to certify that to the best of my knowledge all the entries in this log book of

Dr.-----

Registration No.-----

Academic Session.-----are correct.

Date:-----

Chairman/Head
Department of Radiology & Imaging
Bangabandhu Sheikh Mujib medical University (BSMMU)

Personal Information

Student's Identification Background

Name : -----
Father's Name : -----
Date of Birth : ----- Photograph
Permanent Address :-----
Present address :-----
MBBS(Institution) : -----
Registration No : -----Year-----
Previous post graduate examination (in any/part):-----

Year:

Daily Schedules :**Attending daily morning session/departmental discussion :**

Date	Topics of discussion	Signature of Supervisor

Signature of Chairman / Head of the Department

**Weekly Schedules :
Attending Seminar's**

Date	Topics of discussion	Signature

Signature of Chairman / Head of the Department

Reporting on conventional X-Ray :

Date	Age	Sex	Type of X-ray	Findings	Signature

Signature of chairman / Head of the Department

Reporting on Contrast Examination :

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Reporting / Operating Trans Abdominal (Upper abdomen) Ultrasonography :

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Reporting / Operating Trans Abdominal (Lower abdomen) Ultrasonography :

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Ultrasonography of obstetrical cases:

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Ultrasonography of Urogenital Cases(KUB):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Ultrasonography of Urogenital Cases(Scrotum/Testes):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Ultrasonography of Urogenital Cases(Penile):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Ultrasonography of Urogenital Cases(Prostate-TRUS):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Ultrasonography of Doppler Study:

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Ultrasonography of Superficial Organs (Thyroid/Eye Ball):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Ultrasonography of Musculoskeletal System

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Doppler Ultrasonogram

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Reporting / Operating Trans vaginal Ultrasonography :

Date	Age	Sex	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Reporting / Operating Breast Ultrasonography :

Date	Age	Sex	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Assistance in Reporting CT:

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual CT Reporting (Brain):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual CT Reporting (Chest):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual CT Reporting (Musculoskeletal) :

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual CT Reporting (Urogenital):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual CT Reporting (Angiography):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual MRI Reporting:

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual MRI Reporting (Chest):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual MRI Reporting(Abdomen):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual MRI Reporting (Musculoskeletal) :

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual MRI Reporting (MRV):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual MRI Reporting (MRCP):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Individual MRI Reporting (Spine):

Date	Age	Sex	Type of Exam.	Findings	Supervisor's Signature

Signature of Chairman / Head of the Department

Assistance in interventional procedures

Date	Age	Sex	Name of Procedure	Brief Description	Supervisor's Signature

Signature of Chairman / Head of the Department

