

LETTER OF ACCEPTANCE

1-week Oncological Module in Obstetrics and Gynaecology practice

Name of the student:.....

Period of practice:.....

Name of the hospital/clinic:

Address of the hospital/clinic:

Accreditation number of the hospital/clinic:

Contact person :

Phone number:

E-mail address:

The above-namedstudent is accepted to perform his/her compulsory practice at our institution for a period of one week. He/She is entitled to complete the tasks listed on page 2 of this form.

Date:.....

Signature:.....

Stamp

5x6 hours: Practical aspects of radiation therapies

Physical bases of radiation therapies

Preparation of radiation therapy, steps of radiation planning, types of radiation devices

Brachytherapy

Practical techniques of brachytherapy, focusing on the radio- and radio-chemotherapy of gynaecological tumors

Teletherapy

Stereotactic radiations (cranial and extracranial)

Radiation therapy in oncological emergencies: spinal cord compression, vena cava superior syndrome, basic principles and practical aspects of radiation treatment of bone metastases, pain relief, bleeding