**内分泌代謝関連症例検討会（原則年4回以上）の記録**

 産婦人科申請者名：

|  |  |  |  |
| --- | --- | --- | --- |
| 　 | **期日** | **場所** | **検討症例の概要** |
| 記入例 | 20○○/○/○ | 院内講堂１ | 47歳男性　悪性褐色細胞腫 |
| 1 |  | 　 | 　 |
| 2 |  | 　 | 　 |
| 3 |  | 　 | 　 |
| 4 |  | 　 | 　 |
| 5 |  | 　 | 　 |
| 6 |  | 　 | 　 |
| 7 |  | 　 | 　 |
| 8 |  | 　 | 　 |
| 9 |  | 　 | 　 |
| 10 |  | 　 | 　 |
| 11 |  | 　 | 　 |
| 12 |  | 　 | 　 |
| 13 |  | 　 | 　 |
| 14 |  | 　 | 　 |
| 15 |  | 　 | 　 |