PATIENT NAME
PATIENT ID
DOB
AGE
SEX
REFERRING PHYSICIAN

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EXAMINATION DATA

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PATIENT NAME                    AGE 0
PATIENT ID                      REFERRING
DOB                             SEX
AGE                             M
SEX                             F
REFERRING                       O
STUDY DATE                      M
ACCESSION #                     SERIES DESCRIPTION
REFERRING MD                    SERIES NO.  IMAGES
                                SERIES NO.  IMAGES
                                SERIES NO.  IMAGES
                                
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