**CT检查报告单**

检查时间：{{time}}

|  |  |  |  |
| --- | --- | --- | --- |
| **影像号：{{random}}** | **姓名：{{name}}** | **性别：{{gender}}** | **申请医生：{{doctor\_name}}** |
| **门诊号：{{patient\_id}}** | **年龄：{{age}}** | **来源：门诊** | **申请科室：门诊部** |
| **检查部位：{{part}}** | |  | |
| **{{image}}**  **影像所见：{{description}}** | | | |
| **影像诊断：{{imaging\_diagnosis}}** | | | |