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AI Report

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{{ patient\_name }}

{{ examination\_date }}

{{ sex }}

AGE: {{ age }}

REF.BY: {{ refby }}

UHID NO: {{ uhidno }}

Examination Type: {{ examination\_type }}

Examined Area: {{ examined\_area }}

Device Model: {{ device\_model }}

Findings: {{ imaging\_findings }}

Diagnosis: {{ diagnosis\_summary }}

Comments: {{ Comment }}

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