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AI Report

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| --- | --- |
| Name: {{ patient\_name }} | Date: {{ examination\_date }} |
| Gender: {{ sex }} | AGE: {{ age }} |
| REF.BY: {{ refby }} | UHID NO: {{ uhidno }} |

**Examination:**

Examination Type: {{ examination\_type }}

Examined Area: {{ examined\_area }}

Device Model: {{ device\_model }}

**Findings:**

{{ imaging\_findings }}

**Diagnosis:**

{{ diagnosis\_summary }}

**Comments:**

{{ comment }}

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