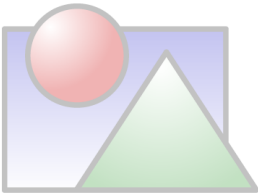# MGH - MMS

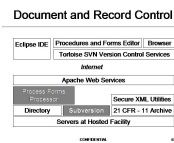## **CAD Order Form**

amount to MMS

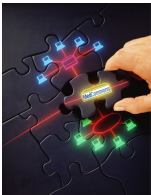PatienName

Copies will be sent to

Series 1

Series 2

Series 3

ID	Patient	Date/Time	Description	Status
		Date/Time Field		
		Date/Time Field		
		Date/Time Field		

Analysis

Signature Field

Tracking Num