AUTOMATIC LESION DETECTION SYSTEM
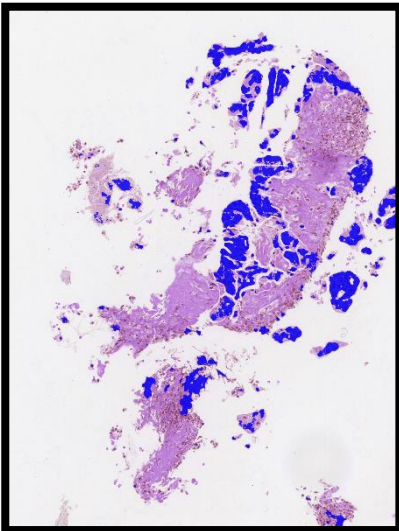
LESION REPORT (SAMPLE)

Patient Name	Sex	Age	Referring Physician
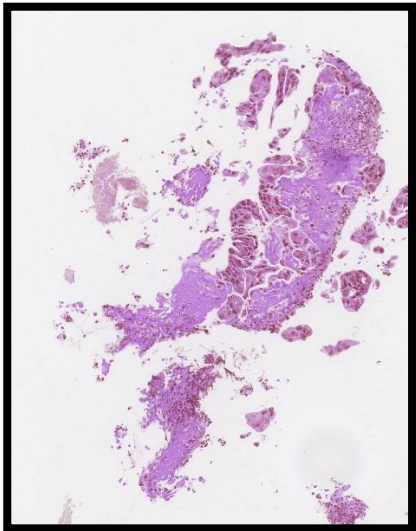
INPUT	RESULT

** THIS IS A SAMPLE REPORT **