

Clinician Name: Test (Dr John Smith) Clinic Name: Test (Sydney skin cancer Practice)

Patient Details

Name test202107 test202107
DOB 03/09/2021
Patient Record # 95

Patient History

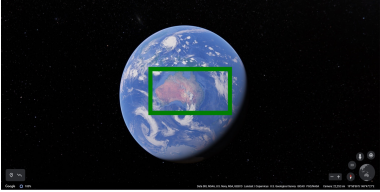
Age 0
Sex
Last Visit Date Test (30/01/2021)

Lesion Clinical Observations

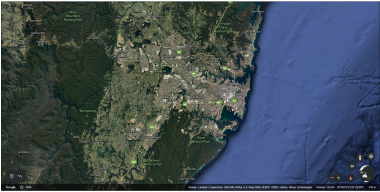
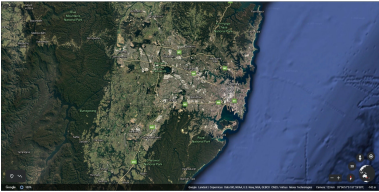
Dummy



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%%IMGTAG22%%

%%IMGDAT22%%

Provisional Diagnosis

%%IMGDIAG%%

Suggested Management

%%IMGEXC%%

Procedure Date

%%IMGEXCDAT%%

Comments

%%IMGREP%%

Next Appointment Date

Test (Sydney skin cancer Practice

Test address (Sydney Skin Cancer Practice

Phone: Test phone (02 93456678)

Mail: Test mail (skinhealth@sydney.com.au)

Web: Test web (www.skinhealth.com.au)

Test (ANB 41 824753 556)

Clinician Name: Test (Dr John Smith) Clinic Name: Test (Sydney skin cancer Practice)

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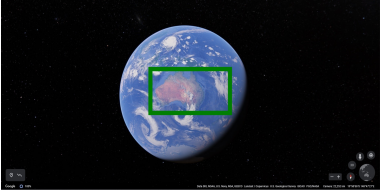
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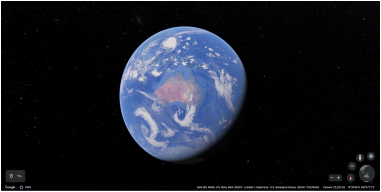
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%%IMGDAT11%% %%IMGDAT21%%

%%IMGTAG12%% %%IMGTAG22%%

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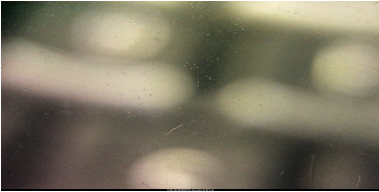
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