Patient Report HiQPdf Report were 00/19.2629/2021MoleMax

Sex

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

Patient Details

Patient History

Name

test202107 test202107 Age

DOB 03/09/2021

Test (30/01/2021) Patient Record # Last Visit Date

Lesion Clinical Observations

Dummy



%%IMGKIND1%%



%%IMGKIND2%%







%%IMGTAG22%%

%%IMGDAT22%%

Provisional Diagnosis Suggested Management Procedure Date

%%IMGDIAG%% %%IMGEXC%% %%IMGEXCDAT%%

Comments %%IMGREP%%

Next Appointment Date

Phone: Test phone (02 93456678)

Test (Sydney skin cancer Practice

Test address (Sydney Skin Cancer Practice

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

Test (ANB 41 824753 556)

g_tApp.Printing.strAddress

MoleMax Patient Report HiQPdf Report Death 102/19/2021

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

Patient Details Patient History

Name test202107 test202107 Age

DOB 03/09/2021 Sex

Patient Record # 95 Last Visit Date Test (30/01/2021)

Lesion Clinical Observations

Dummy



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%%IMGKIND2%%



%%IMGDAT21%%



%%IMGTAG12%%

%%IMGTAG22%%

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%%IMGDAT22%%

Provisional Diagnosis Suggested Management Procedure Date

Comments
%%IMGREP%%

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HiQPdf Report water 00/19/2021 MoleMax **Patient Report**

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

Patient Details

Patient History

Name test202107 test202107 Age DOB

03/09/2021 Sex

Test (30/01/2021) Patient Record # Last Visit Date

Lesion Clinical Observations

Dummy



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%%IMGDAT11%% %%IMGDAT21%%

%%IMGTAG12%% %%IMGTAG22%%

%%IMGDAT12%% %%IMGDAT22%%

Provisional Diagnosis Suggested Management Procedure Date

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Test (Sydney skin cancer Practice Test address (Sydney Skin Cancer Practice

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HiQPdf Report water over 1972029/2021 MoleMax **Patient Report**

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

Patient Details Patient History

Name test202107 test202107 Age

DOB 03/09/2021 Sex

Test (30/01/2021) Patient Record # Last Visit Date

Lesion Clinical Observations

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%%IMGTAG11%% %%IMGTAG21%%

%%IMGDAT11%%

%%IMGDAT21%%

%%IMGTAG12%% %%IMGTAG22%%

%%IMGDAT12%% %%IMGDAT22%%

Provisional Diagnosis %%IMGDIAG%% **Suggested Management** %%IMGEXC%% **Procedure Date** %%IMGEXCDAT%%

Comments %%IMGREP%%

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