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<input type="checkbox"/>	Patient Name	MRN	Accession #	Study Date	Modality
▶ <input type="checkbox"/>	CERBERIX	uzgcud	3423	Jul 20 2007	CT
▶ <input type="checkbox"/>	CERBERIX	uzgcud	3423	Jul 28 2007	MR
▶ <input type="checkbox"/>	ENTERIX	foidhh	92485743	Oct 19 2010	PT/SC
▶ <input type="checkbox"/>	MACOESSIX	UGVdzg3	987645	Sep 19 1999	PT/SC
▶ <input type="checkbox"/>	MANIX	h4873g	0	Nov 1 2003	CT
▶ <input type="checkbox"/>	PHENIX	P-000002	A389274983	Mar 21 1996	CT
▶ <input type="checkbox"/>	PHENIX	P-000002	A389274983	Apr 21 1996	PT
▶ <input type="checkbox"/>	CERBERIX	uzgcud	3423	Jul 20 2007	CT
▶ <input type="checkbox"/>	CERBERIX	uzgcud	3423	Jul 28 2007	MR
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▶ <input type="checkbox"/>	MANIX	h4873g	0	Nov 1 2003	CT
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



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







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