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| --- | --- | --- |
| **Name : <Name>** | | **Date : <Date>** |
| **Age : <Age>** | **ID : <ID>** | **Ref.By: <Ref>** |
| **X-RAY K.U.B** | | |

**Findings:**

* No radio-opaque calculi or pathological calcification seen.

**Impression:**

* Unremarkable study.

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| <Doctor> |