

FILE NUMBER : _____

PATIENT NAME : _____

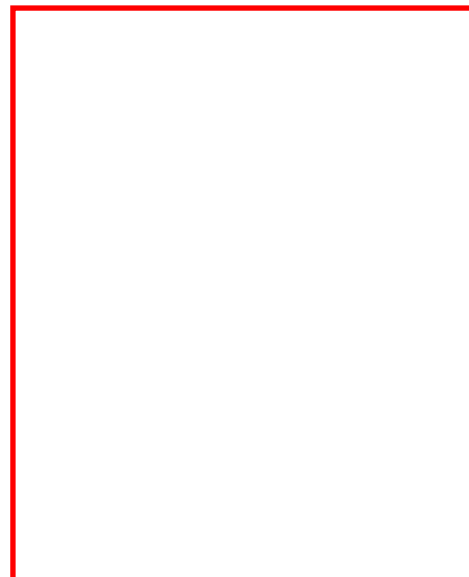
DATE OF BIRTH : _____

DATE OF STUDY : _____

DATE OF REPORT : _____

X-RAY SCAN TYPE: _____

X-RAY SCAN TYPE : _____



FINDINGS

IMPRESSTIONS

MACHINE-AIDED RESULTS

HUMAN-SPECIALIST RESULTS

ADDITIONAL INFORMATION

SIGNATURE OF SPECIALIST

DATE AUTHORIZED