FILE NUMBER :		
PATIENT NAME :		
DATE OF BIRTH :		
DATE OF STUDY :		
DATE OF REPORT :		
X-RAY SCAN TYPE:		
X-RAY SCAN TYPE :		
FINDINGS		
FINDINGS		
IMPRESSTIONS		
MAQUINE AIDED DEGLI TO		
MACHINE-AIDED RESULTS		
HUMAN-SPECIALIST RESULTS		
HOWAN-OF ECIALIOT RESOLTS		
ADDITIONAL INFORMATION		
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DATE AUTHORIZED

SIGNATURE OF SPECIALIST