



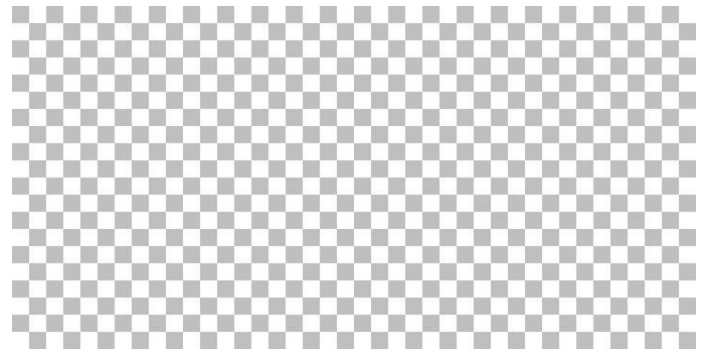
IMAGING CENTER

DIAGNOSTIC LABORATORY AND DRUG TESTING CENTER

XRAY RESULT



Name	<NAME-HERE>
Date of Birth	<DOB-HERE>
Age	<AGE-HERE>
Gender	<GENDER-HERE>
Date	<DATE-HERE>
Client ID No	<ID-HERE>



FINDINGS

<FINDINGS-HERE>

IMPRESSION

<IMPRESSION-HERE>

NOT VALID WITHOUT DRY SEAL

Test Results are electronically signed