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DOH Accreditation No.: 13-083-17-MF-2  
ISO Certified 9001:2015

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| --- | --- | --- |
| Patient ID: | Date: | Form No: |
| Name: | Package: | |
| Age: | Company: | |
| Gender: | Account: | |
| Civil Status: |  | |

**CHEST ROENTGENOGRAM REPORT**

**Chest PA View**

**Remarks**