Health Report For Imaging Order

Patient Name :asdsad ssadsad

Cre Rec Fo	ord 2	Cvx Code	Name	Cpt Code	Manfacturer	Expiration Date	Lot Num	Administered Amount	Vaccinate Route	Vaccinate Site	Vaccinate Status	Administred On	Ordering Doctor	Administered By	Administered At	Inventory Lot		Funding Eligibility	
		Γest2	Test	444	manufacture4	2021-04- 30 12:00:00	8888	1000	2	2	3	2021-04- 30 06:19:00	3	Prakash Glasier	3	3	3	4	5