

طلب اشمة طبيك Medical Images Request

EMR No:

Patient Name: adad adasd

AGE:

| No | Patient Name | Investigation Name | Note | Doctor Name |
|----|--------------|--------------------|----------------------|--------------------|
| 1 | | MRI | demo MRI from web | Princy |

Date: 17-03-2020

Doctor Name: Princy contactus@estisharh.com