**RADIOGRAPHIC REPORT**

**\**

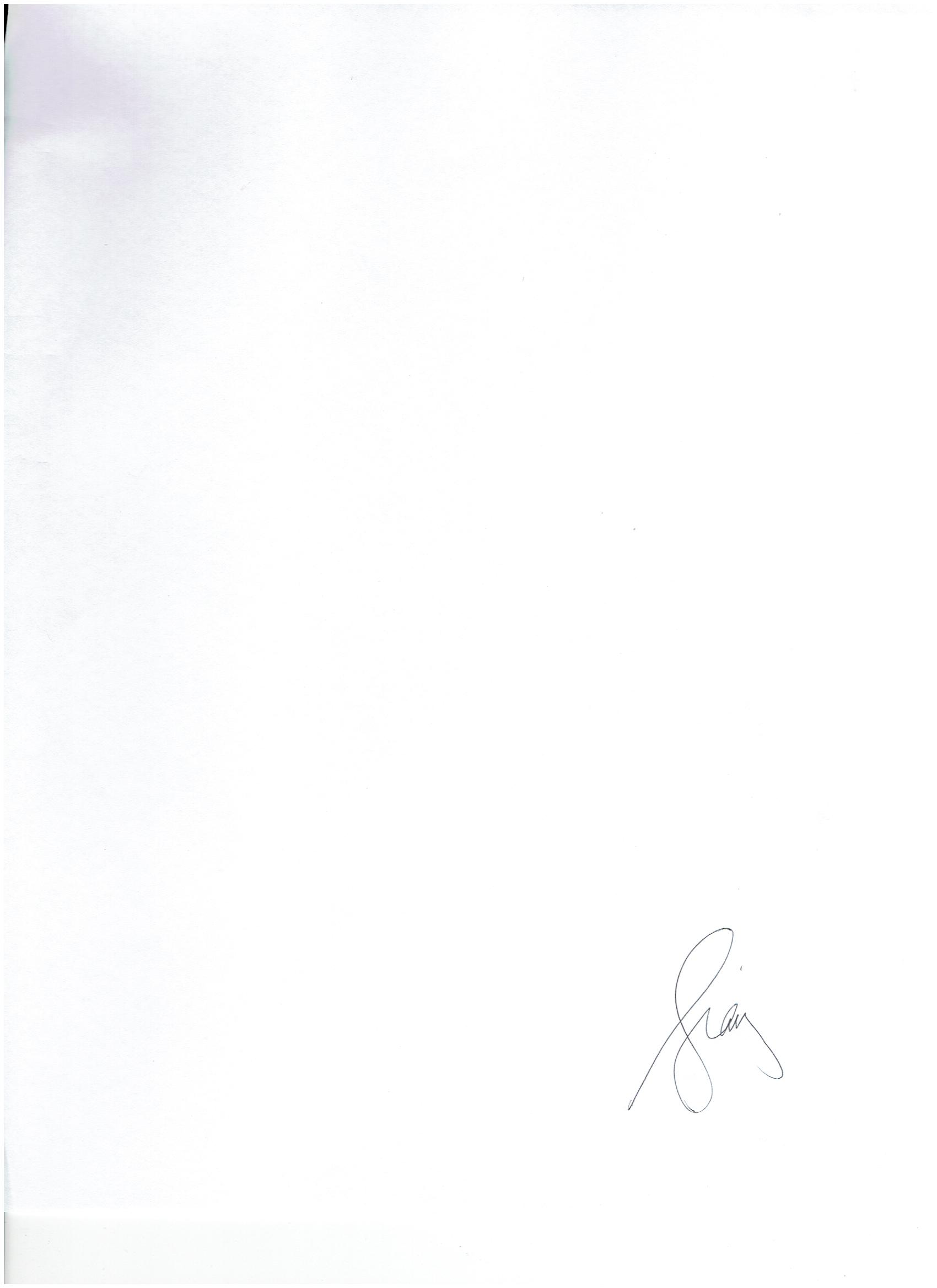
|  |  |  |  |
| --- | --- | --- | --- |
| MEDICAL REC NO. | **47** | PHYSICIAN/COMPANY | **Accenture** |
| NAME | **Joshua Jimenezssss** | DATE OF REQUEST |  |
| AGE/GENDER | **64 Female** | DATE PERFORMED |  |
| DATE OF BIRTH | **4/3/1953** | DATE RELEASED |  |

**CHEST PA:**

chest pa

**IMPRESSION:**

***impression***

****

Salvador R. Ramirez, MD, DPBR

**Radiologist**