

OPEN

Name

Last name

Date of birth


Date of acquisition


Legenda

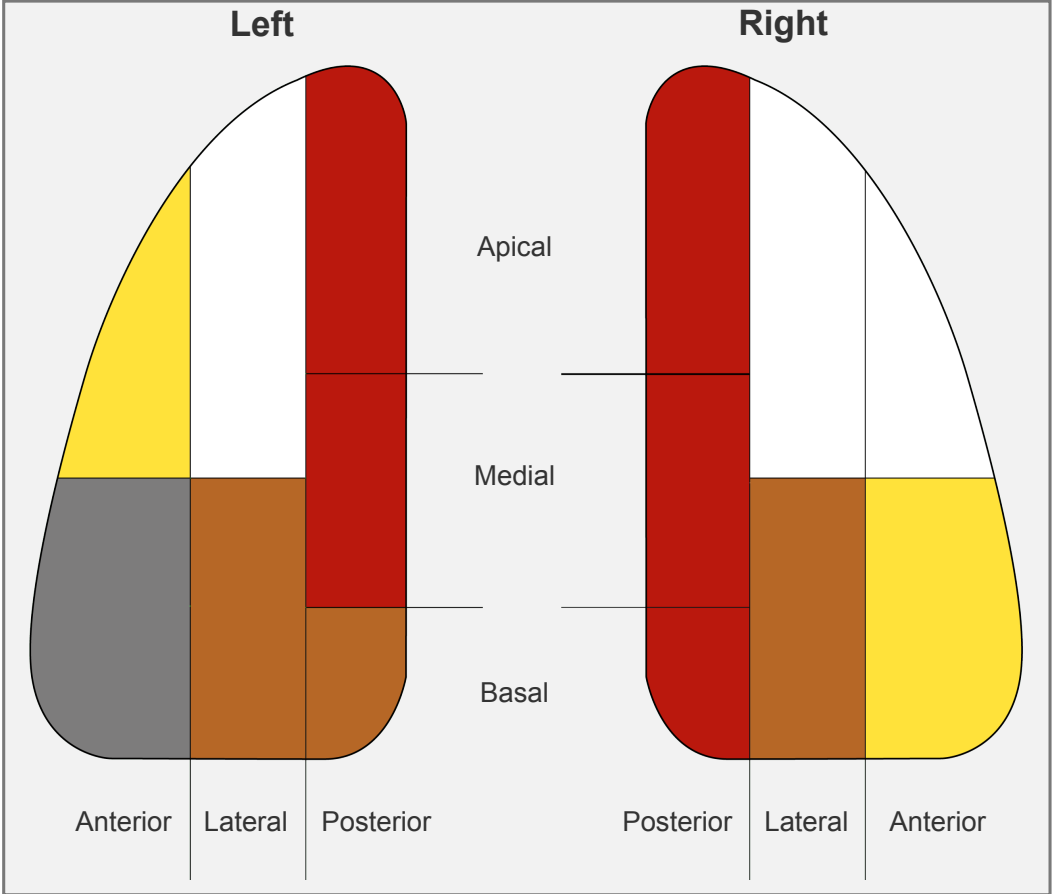
<input type="checkbox"/>	Score 0
<input type="checkbox"/>	Score 1
<input type="checkbox"/>	Score 2
<input type="checkbox"/>	Score 3
<input type="checkbox"/>	Not measured

Totals

Pathological areas: **10 / 13**

<input type="checkbox"/>	3
<input type="checkbox"/>	2
<input type="checkbox"/>	3
<input type="checkbox"/>	5

GENERATE REPORT



Notes of the clinician

Here the clinician can add a general comment on the findings