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Patient Alexander Henrich DOB 6/12/43

Address _____ Date 11/6/22

☐ MRI Cervical Spine

☐ MRI Lumbar Spine

☐ MRI Thoracic Spine

☐ MRI OTHER: _____

☒ Other Study: CT SCAN Thoracic spine

WITH / WITHOUT Contrast

DX: AAW: T8T9 non healing wound

X _____
Signature of Prescriber

TC 4/23

