

Imaging

Record ID	<div></div>
Date and time of imaging	<div></div> <div>(Source: Medical record)</div>
Type of imaging	<div><div><input type="radio"/> Ultrasound</div><div><input type="radio"/> X-ray</div><div><input type="radio"/> Computed Tomography (CT)</div><div><input type="radio"/> Magnetic Resonance Imaging (MRI)</div><div>(Source: Medical record)</div></div>