

## Patient Results Report

NAME  
Patient, Example

DATE OF BIRTH  
05/26/1971

PHYSICIAN  
Physician, Example

Example Physician MD  
Example Associates  
1234 Example Rd.  
Suite 123  
Chicago, IL 60612

### Current Test Overview

TEST CODE	TEST NAME	TEST DATE	TEST TIME	TEST RESULT
623300	2	01-02-2001	01-05-2001	01-05-2001

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Chicago, IL 60612

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