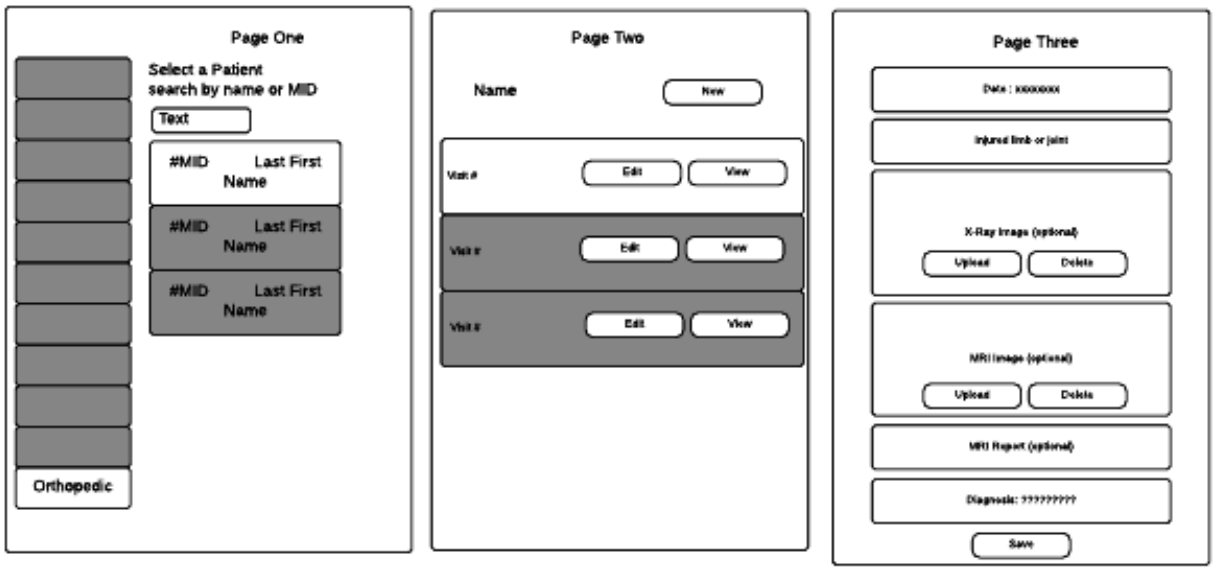
Page One
Select a Patient
search by name or MID
Text
#MID Last First Name
#MID Last First Name
#MID Last First Name
Orthopedic
Page Two
Name
New
Visit #
Edit
View
Visit #
Edit
View
Visit #
Edit
View
Page Three
Date : xxxxxxx
Injured limb or joint
X-Ray Image (optional)
Upload
Delete
MRI Image (optional)
Upload
Delete
MRI Report (optional)
Diagnosis: ?????????
Save