



Patient ID #	: 1	Hospital ID #	: 1
Patient's Name	: <u>Mr Llllllllll</u>	Age & Sex	: <u>22</u> <u>Years</u> / <u>Male</u>
Requesting Physician	: <u>Self</u>	Date & Time Requested	: <u>06/01/2023 09:38:31</u>
Patient's Address	:	Date & Time Completed	: <u>06/01/2023 09:48 am</u>

xxxx

NOSIGN