



Patient ID #	: 3019	Hospital ID #	: 5832
Patient's Name	: <u>Mr Kkkkkkkkkkkkkkkkkkkk</u>	Age & Sex	: <u>22</u> <u>Years / Male</u>
Requesting Physician	: <u>Dr.Self</u>	Date & Time Requested	: <u>31/08/2023 20:44:53</u>
Patient's Address	:	Date & Time Completed	: <u>31/08/2023 08:47 pm</u>

Reportingdd

NOSIGN