



Woodlands Limited

Radiology Department

110-111 Carmichael Street, Georgetown, guyana

Tel (592) 225-4050 ext 282 . EMAIL : radiology@woodlandshospital.com

Patient ID #	: 27	Hospital ID #	: 26
Patient's Name	: <u>Mr Testing Testing</u>	Age & Sex	: <u>22</u> <u>Years / Male</u>
Requesting Physician	: <u>Self</u>	Date & Time Requested	: <u>04/07/2023 23:30:40</u>
Patient's Address	:	Date & Time Completed	: <u>05/07/2023 12:11 am</u>

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DR