



# Woodlands Limited

## Radiology Department

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Patient ID #	: 0625	Hospital ID #	: 131599
Patient's Name	: <u>Mr Kkkkkkkkkkkk</u>	Age & Sex	: <u>0</u> <u>Years / Male</u>
Requesting Physician	: <u>Dr.Self</u>	Date & Time Requested	: <u>16/02/2023 19:48:47</u>
Patient's Address	:	Date & Time Completed	: <u>16/02/2023 07:49 pm</u>

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