

Patient Name:

Hospital Number:

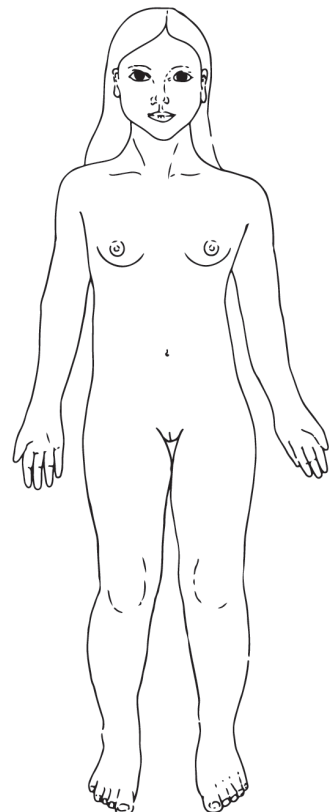
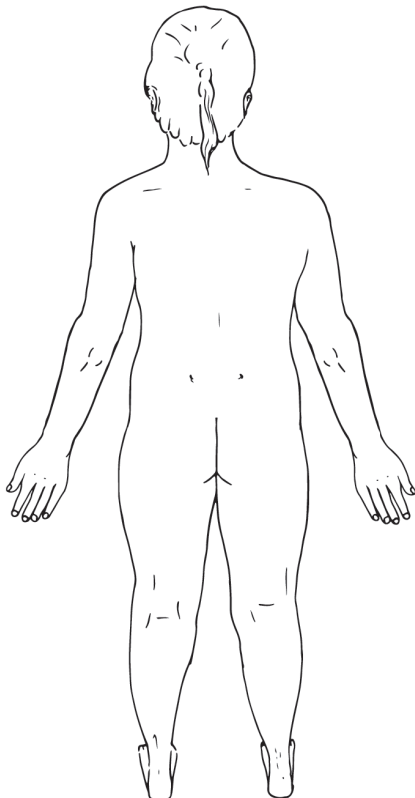
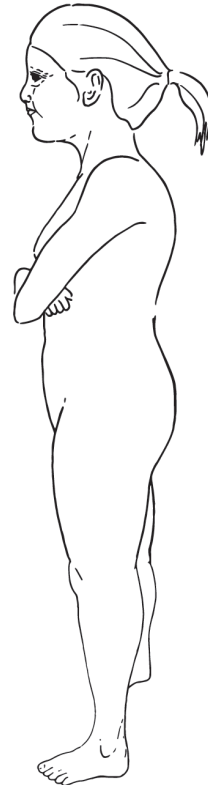
NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:



Patient Name:

Hospital Number:

NHS Number:

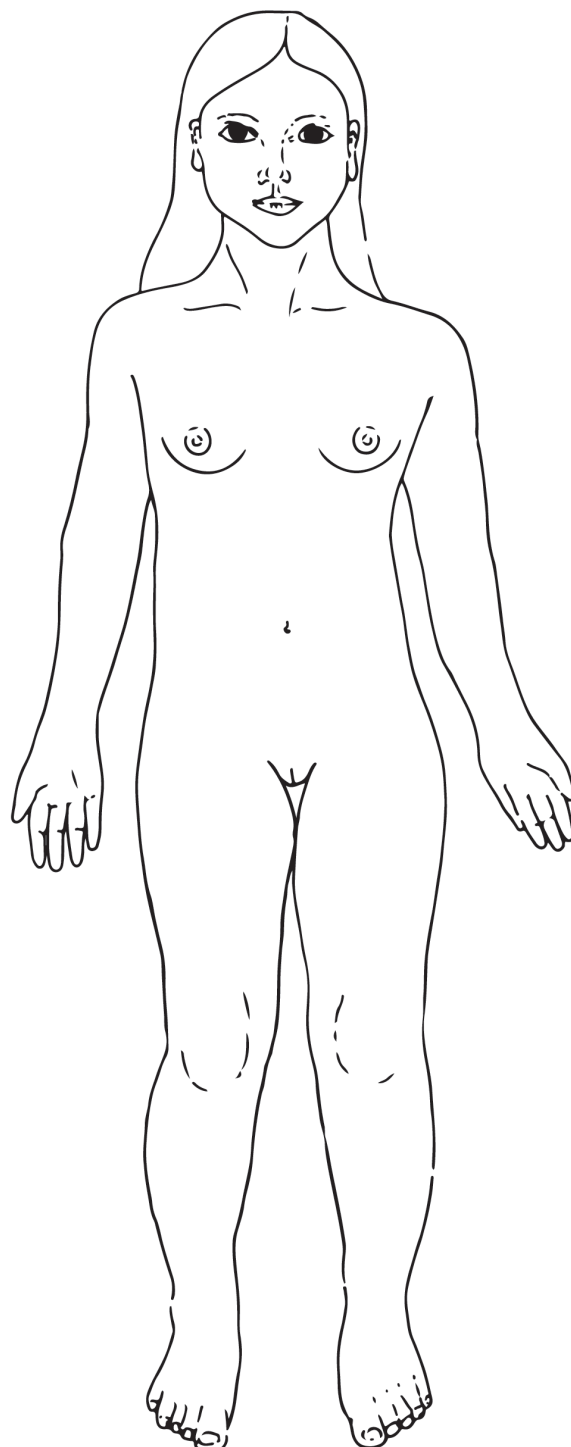
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Female Teenager Anteroposterior



Patient Name:

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NHS Number:

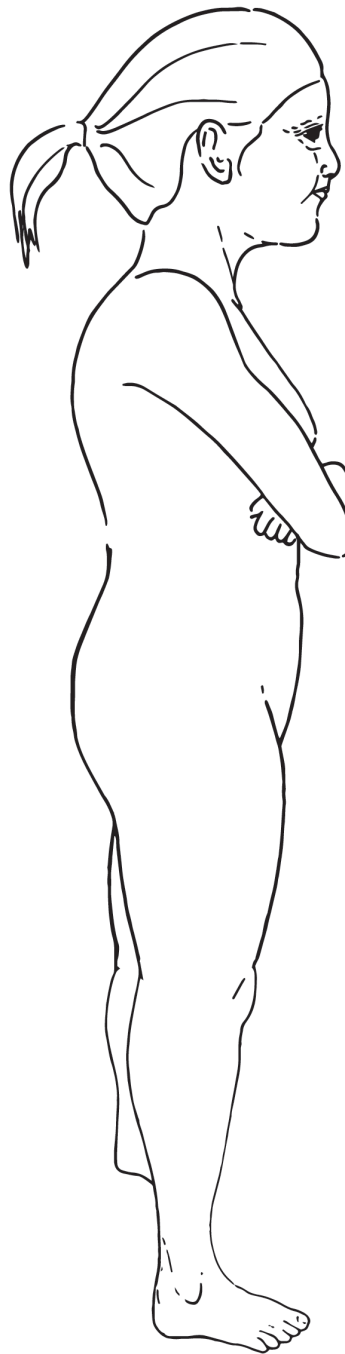
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Female Teenager Right Lateral



Patient Name:

Hospital Number:

NHS Number:

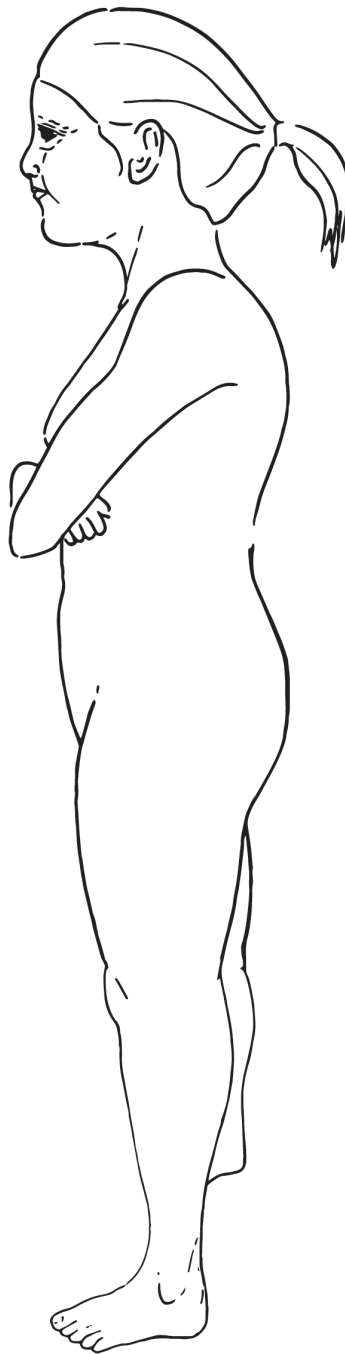
Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Female Teenager Left Lateral



Patient Name:

Hospital Number:

NHS Number:

Date of Birth:

Date of Examination:

Examiner:

Examiner registration number:

Female Teenager Posteroanterior

