

# Ankle Radiograph Results

## Ankle Radiograph Results

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Patient information

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Name:

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Date of birth:

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Date of exam:

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Referring physician:

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Radiograph details

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View taken:

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Technique:

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Findings

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Bones:

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Joints:

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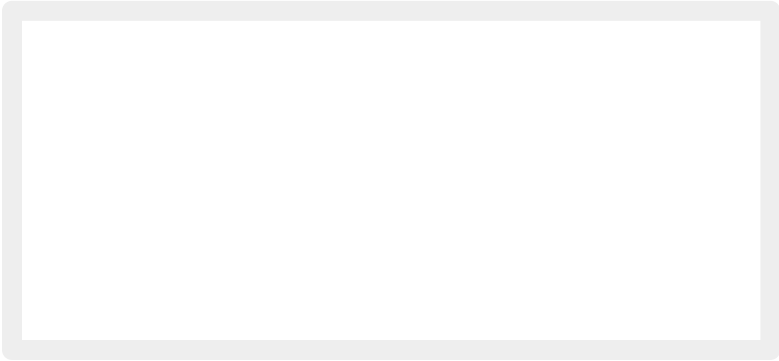


Name:

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Signature:



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Date:

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