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INFORMATION MANAGEMENT SYSTEM

(IMS)

Service Name:	Nuclear Medicine, CT & MRI
	Quality Manager
Prepared by:	Name: Mr.
	Signature:
	Managing Director
Responsibility of Updating:	Name: Dr.
	Signature:

Prepared By: xxxxxx, Quality Manager	Approved By: Dr. xxxxxxxxxxx, M.D.
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Sign	Sign

Information Management System (IMS)

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Prepared By: xxxxxxx, Quality Manager	Approved By: Dr. xxxxxxxxxxx, M.D.	
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