



Mr. Michael Miller

1004 Washington Avenue, P.O. Box 1226, Cabot, MA 01422

DOB: 02-18-1978

Gender: Male

Phone: 978-335-5555

Address: 1004 Washington Avenue, P.O. Box 1226, Cabot, MA 01422

Schedule Test Colors

Color	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
L*	38.12	65.43	49.87	44.26	55.56	70.82	63.51	39.92	52.79	97.06	92.02	87.04	82.14	77.24	72.36	67.45	62.54	57.64	52.73	47.83	42.93	38.03	33.13	28.23	23.33	18.43	13.53	8.63	3.73	1.13	0.33	0.13	0.03
a*	13.24	18.11	18.11	18.11	18.11	18.11	18.11	18.11	18.11	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04
b*	15.07	18.11	18.11	18.11	18.11	18.11	18.11	18.11	18.11	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04

Backgrounds

- 1. Select the color and schedule for you want in the background
- 2. Select the appropriate background for the patient

Options: [Color Picker] [Schedule]

Michael L. Miller

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Address: 1004 Washington Avenue, P.O. Box 1226, Cabot, MA 01422

Photo: [Patient Photo]

Letters

Options: [Letter] [Form] [Report] [Invoice] [Statement]

Physicians Reference

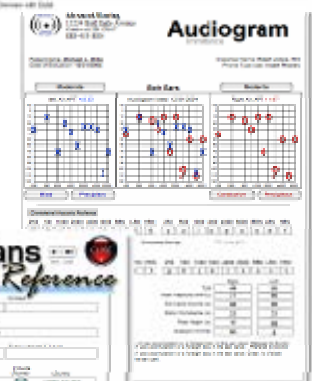
Dr. Name: [Text]

Address: [Text]

City: [Text] State: [Text] Zip: [Text]

Phone: [Text] Fax: [Text]

Specialty: [Text]



Physicians Reference

Form for providing contact information for a physician's office.

H.R.

Form for recording patient history and vital signs.

Field	Value
Temperature	98.6
Pulse	72
Respiration	18
Blood Pressure	120/80

H.R.

Options: [Vitals] [History] [Physical] [Diagnosis]

Smear Labels

Options: [Color] [Text] [Barcode]

Color calibration chart with various color patches.