

CURA HEALTH EMR

Prescription #: RX-IMG1767931354612I2ORDERORDER



ABC Dental & Oral Care Clinic

123 Main Street, Suite 405, City, State, ZIP
(123) 456-7890 | Fax: (123) 456-7891
info@abcclinic.com
www.abcclinic.com

Name: Alice Williams

Address: [object Object]

Gender: N/A

Weight: -

DOB: 14/08/1985

Age: 40

Sex: No: 123 456 7890

Date: 09 Jan 2026

Provider: N/A

IMAGING STUDY DETAILS

Study Type: X-ray (Radiography)

Modality: X-Ray

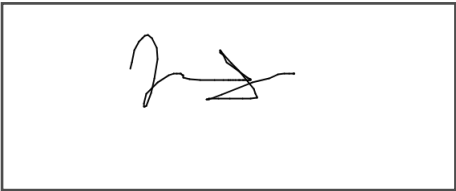
Body Part: Chest X-Ray (PA / Lateral)

Image ID: IMG1767931354612I2ORDER

Status: ORDERED

Resident Physician

(Signature)



[E-Signed] Jan 9, 2026 12:09