



ABC Dental & Oral Care Clinic

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

123 Main Street, Suite 405, City, State, ZIP

Tel: (123) 456-7890 | Fax: (123) 456-7891 | Fax: (123) 456-7890 | Fax: (123) 456-7891

DIAGNOSTIC RADIOLOGY REPORT

PATIENT INFORMATION

Name: Alice Williams
ID: 2
DOB: N/A
Study Date: 09/01/2026

STUDY INFORMATION

Study Type: X-ray (Radiography)
Body Part: Chest X-Ray (PA / Lateral)
Modality: X-Ray
Status: in_progress
Ordered: 09/01/2026
Scheduled: 09/01/2026
Performed: 09/01/2026

FINDINGS

Medical image uploaded: ORDER-1767931354612.pending

IMPRESSION

File: ORDER-1767931354612.pending (0.00 MB)

RADIOLOGIST REPORT

Reported by: James Administrator
Board Certified Diagnostic Radiologist
Medical License: MD-RAD-2024

Report Date: 9 January 2026 at 12:11
Report ID: IMG1767931354612I2ORDER

MEDICAL IMAGE

Image Info: X-Ray • 0.00 MB • JPEG
Series: X-Ray Chest X-Ray (PA / Lateral)

