

**CURA HEALTH EMR**

Prescription #: RX-IMG1762634074728I12ORDERORDER

**Clinical Care Hospital**

house 33  
+923213213213  
averox71@gmail.com  
website: www.clinicalcare.com

Name: patient BB

DOB: 3/2/2023

Address: [object Object]

Age: 2

Gender: N/A

Sex: No: 6543234565

Weight: -

Date: 08 Nov 2025

Provider: N/A

**IMAGING STUDY DETAILS**

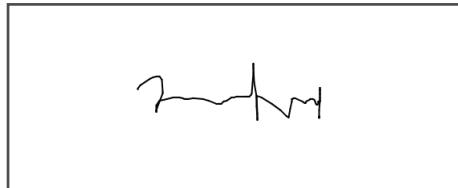
Study Type: X-ray (Radiography)

Modality: X-Ray

Body Part: Abdomen X-Ray

Image ID: IMG1762634074728I12ORDER

Status: ORDERED

Resident Physician  
(Signature)

[E-Signed] Nov 8, 2025 20:36