

**CURA HEALTH EMR**

Prescription #: RX-IMG1763267133062I10ORDERORDER

**HG FFTYFYTFTYF YTFYT**

HJBHB GBG YUG YUG YUGUY G  
+96576575765  
GJGYUGY@GMAIL.COM  
WW.GOOOGLENJKN

Name: John Patient

DOB: 9/11/2015

Address: [object Object]

Age: 10

Gender: N/A

Sex: No: 9876890987

Weight: -

Date: 16 Nov 2025

Provider: N/A

**IMAGING STUDY DETAILS**

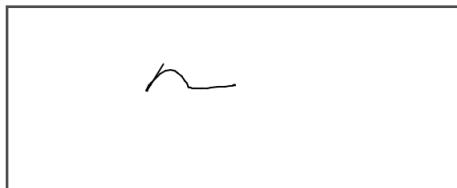
Study Type: X-ray (Radiography)

Modality: X-Ray

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

Image ID: IMG1763267133062I10ORDER

Status: ORDERED

Resident Physician  
(Signature)

[E-Signed] Nov 16, 2025 04:26