



Clinical Care Hospital

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

house 33

Tel: +923213213213 | Fax: +923213213213

DIAGNOSTIC RADIOLOGY REPORT

PATIENT INFORMATION

Name: Alice Williams
ID: 7
DOB: N/A
Study Date: 10/31/2025

STUDY INFORMATION

Study Type: X-ray (Radiography)
Body Part: Chest X-Ray (PA / Lateral)
Modality: X-Ray
Status: Completed
Ordered: 10/31/2025
Scheduled: 10/30/2025
Performed: 10/30/2025

FINDINGS

Medical image uploaded: ORDER-1761888662527.pending

IMPRESSION

File: ORDER-1761888662527.pending (0.00 MB)

RADIOLOGIST REPORT

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

Report Date: 31 October 2025 at 06:09
Report ID: IMG1761888662527I7ORDER