

CURA HEALTH EMR

Prescription #: RX-IMG1761931422972I7ORDERORDER

**Clinical Care Hospital**

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Name: Alice Williams
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Gender: N/A
Weight: -

DOB: 3/15/1985
Age: 40
Sex: No: 123 456 7890
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: IMG1761931422972I7ORDER
Status: ORDERED

Resident Physician
(Signature)

A handwritten signature consisting of a stylized 'J' and a wavy line ending in a small 'A', enclosed within a rectangular box.