

CURA HEALTH EMR

Prescription #: RX-IMG1762633320482I12ORDERORDER



Clinical Care Hospital

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

Name: patient BB

Address: [object Object]

Gender: N/A

Weight: -

DOB: 3/2/2023

Age: 2

Sex: No: 6543234565

Date: 08 Nov 2025

Provider: N/A

IMAGING STUDY DETAILS

Study Type: CT (Computed Tomography)  
Modality: X-Ray  
Body Part: Abdomen X-Ray  
Image ID: IMG1762633320482I12ORDER  
Status: ORDERED

Resident Physician  
(Signature)

Handwritten signature: 21