

CURA HEALTH EMR

Prescription #: RX-IMG1761916364174I7ORDERORDER



Clinical Care Hospital

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Name: Alice Williams

Address: [object Object]

Gender: N/A

Weight: -

DOB: 3/15/1985

Age: 40

Sex: No: 123 456 7890

Date: 31 Oct 2025

Provider: N/A

IMAGING STUDY DETAILS

Study Type: CT (Computed Tomography)
Modality: X-Ray
Body Part: Abdomen X-Ray
Image ID: IMG1761916364174I7ORDER
Status: ORDERED

Resident Physician
(Signature)

May Bubushia