

**CURA HEALTH EMR**

Prescription #: RX-IMG1761927003194I8ORDERORDER

**Clinical Care Hospital**

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Name: Robert Davis

Address: [object Object]

Gender: N/A

Weight: -

DOB: 7/22/1970

Age: 55

Sex: No: 234 567 8901

Date: 31 Oct 2025

Provider: N/A

**IMAGING STUDY DETAILS**

Study Type: X-ray (Radiography)

Modality: X-Ray

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

Image ID: IMG1761927003194I8ORDER

Status: ORDERED

Resident Physician  
(Signature)

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