

Medical Clinic

IMAGING PRESCRIPTION

Patient Information:

Name: Michael Patient
Patient ID: P003
Date of Birth: 3/28/1990

Imaging Study Details:

Image ID: IMG1761729896748I4ORDER
Study Type: dws
Modality: CT
Body Part: CT Chest
Indication: none
Priority: routine
Status: ordered

Authorized Signature:

Signature: _____	Date: 10/29/2025
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