

# Imaging Study Prescription

## Clinical Care Hospital

Imaging Study Prescription

### Physician Information

Name: Dr. Medical Staff

Priority: routine

### Patient Information

Name: p-sadia ashraf

Patient ID: P000001

Date: 10/29/2025

Time: 10:33

### Imaging Study Prescription

Image ID: **IMG1761732197060I5ORDER**

Ordered Date: 10/29/2025, 10:03:18 AM

Study Type: **X-ray (Radiography)**

Status: **ORDERED**

#### Imaging Details:

Modality: X-Ray

Body Part: Abdomen X-Ray