

CURA HEALTH EMR

Prescription #: RX-IMG1761924954309I7ORDERORDER

**Clinical Care Hospital**

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

Name: Alice Williams

DOB: 3/15/1985

Address: [object Object]

Age: 40

Gender: N/A

Sex: No: 123 456 7890

Weight: -

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: IMG1761924954309I7ORDER

Status: ORDERED

Resident Physician
(Signature)

May Bubushia