

CURA HEALTH EMR

Prescription #: RX-IMG1761888670543I7ORDERORDER



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: X-ray (Radiography)  
Modality: X-Ray  
Body Part: Chest X-Ray (PA / Lateral)  
Image ID: IMG1761888670543I7ORDER  
Status: ORDERED

Resident Physician  
(Signature)

May Bubushia