

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