

**CURA HEALTH EMR**

Prescription #: RX-IMG1761796606582I7ORDERORDER

**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: 30 Oct 2025

Provider: N/A

**IMAGING STUDY DETAILS**

Study Type: X-ray (Radiography)

Modality: X-Ray

Body Part: Abdomen X-Ray

Image ID: IMG1761796606582I7ORDER

Status: ORDERED

Resident Physician  
(Signature)

---

May Bubushia