



# Clinical Care Hospital

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

house 33

Tel: +923213213213 | Fax: +923213213213

## DIAGNOSTIC RADIOLOGY REPORT

### PATIENT INFORMATION

Name: Alice Williams  
ID: 7  
DOB: N/A  
Study Date: 10/31/2025

### STUDY INFORMATION

Study Type: X-ray (Radiography)  
Body Part: Chest X-Ray (PA / Lateral)  
Modality: X-Ray  
Status: ordered  
Ordered: 10/31/2025  
Scheduled: 10/30/2025  
Performed: 10/30/2025

### FINDINGS

Medical image uploaded: ORDER-1761891209666.pending

### IMPRESSION

File: ORDER-1761891209666.pending (0.00 MB)

### RADIOLOGIST REPORT

**Reported by: James Administrator**  
Board Certified Diagnostic Radiologist  
Medical License: MD-RAD-2024

Report Date: 31 October 2025 at 06:16  
Report ID: IMG1761891209666I7ORDER

### MEDICAL IMAGE

Image Info: X-Ray • 0.00 MB • JPEG  
Series: X-Ray Chest X-Ray (PA / Lateral)

