

CURA HEALTH EMR

Prescription #: RX-IMG1762321879345I7ORDERORDER



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: 08 Nov 2025

Provider: N/A

IMAGING STUDY DETAILS

Study Type: X-ray (Radiography)

Modality: X-Ray

Body Part: Abdomen X-Ray

Image ID: IMG1762321879345I7ORDER

Status: ORDERED

Resident Physician  
(Signature)