

**CURA HEALTH EMR**

Prescription #: RX-IMG1762023794447I10ORDERORDER

**Clinical Care Hospital**

house 33  
+923213213213  
averox71@gmail.com  
website: www.clinicalcare.com

Name: John Patient

DOB: 11/2/2025

Address: [object Object]

Age: 0

Gender: N/A

Sex: No: N/A

Weight: -

Date: 02 Nov 2025

Provider: N/A

**IMAGING STUDY DETAILS**

Study Type: X-ray (Radiography)

Modality: X-Ray

Body Part: Abdomen X-Ray

Image ID: IMG1762023794447I10ORDER

Status: ORDERED

Resident Physician  
(Signature)

---