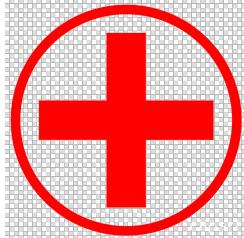


CURA HEALTH EMR

Prescription #: RX-IMG1761732197060I5ORDERORDER

**Clinical Care Hospital**

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

Name: p-sadia ashraf

Address: [object Object]

Gender: N/A

Weight: -

DOB: 9/11/2015

Age: 10

Sex: No: 4423423423

Date: 29 Oct 2025

Provider: N/A

IMAGING STUDY DETAILS

Study Type: X-ray (Radiography)

Modality: X-Ray

Body Part: Abdomen X-Ray

Image ID: IMG1761732197060I5ORDER

Status: ORDERED

Resident Physician
(Signature)

May Bubushia