



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)

