

**CURA HEALTH EMR**

Prescription #: RX-IMG1762059070421I7ORDERORDER

**Clinical Care Hospital**

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Name: Alice Williams

DOB: 3/15/1985

Address: [object Object]

Age: 40

Gender: N/A

Sex: No: 123 456 7890

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: IMG1762059070421I7ORDER

Status: ORDERED

Resident Physician  
(Signature)