



### Laboratory Test Prescription

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#### Physician Information

Name: N/A

Priority: routine

#### Patient Information

Name: patient BB

Patient ID: 12

Date: Nov 8, 2025

Time: 04:37 PM

#### IMAGING STUDY PRESCRIPTION

Test ID:

**144**

Ordered Date:

**Nov 8, 2025, 04:37 PM**

Test Type:

**CT (Computed Tomography)**

Status:

**ordered**

#### Test Results:

CT (Computed Tomography)

Modality: X-Ray

Body Part: Chest X-Ray (PA / Lateral)

#### Clinical Notes:

No indication provided