

EMRSoft

Prescription #: RX-IMG1763375883205I1ORDERORDER

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: 17 Nov 2025

Provider: N/A

IMAGING STUDY DETAILS

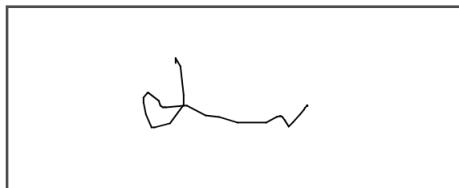
Study Type: X-ray (Radiography)

Modality: X-Ray

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

Image ID: IMG1763375883205I1ORDER

Status: ORDERED

Resident Physician
(Signature)

[E-Signed] Nov 17, 2025 11:30