



# Clinical Care Hospital

Laboratory Test Prescription

house 33

+923213213213

averox71@gmail.com

www.clinicalcare.com

## Physician Information

Name: N/A

Priority: routine

## Patient Information

Name: Robert Davis

Patient ID: 8

Date: Oct 31, 2025

Time: 05:09 PM

## IMAGING STUDY PRESCRIPTION

Test ID:

**73**

Test Type:

**MRI (Magnetic Resonance Imaging)**

Ordered Date:

**Oct 31, 2025, 05:09 PM**

Status:

**ordered**

### Test Results:

MRI (Magnetic Resonance Imaging)

Modality: CT

Body Part: CT Chest

### Clinical Notes:

No indication provided