



# Clinical Care Hospital

Laboratory Test Prescription

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## Physician Information

Name: N/A

Priority: routine

## Patient Information

Name: Robert Davis

Patient ID: 8

Date: Oct 31, 2025

Time: 04:48 PM

## IMAGING STUDY PRESCRIPTION

Test ID:

**70**

Test Type:

**X-ray (Radiography)**

Ordered Date:

**Oct 31, 2025, 04:48 PM**

Status:

**ordered**

### Test Results:

X-ray (Radiography)

Modality: X-Ray

Body Part: Abdomen X-Ray

### Clinical Notes:

No indication provided