

CURA HEALTH EMR

Prescription #: RX-IMG1762634074728I12ORDERORDER



Clinical Care Hospital

house 33
+923213213213
averox71@gmail.com
website: www.clinicalcare.com

Name: patient BB

Address: [object Object]

Gender: N/A

Weight: -

DOB: 3/2/2023

Age: 2

Sex: No: 6543234565

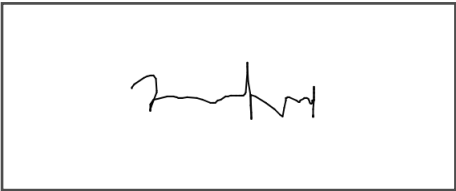
Date: 08 Nov 2025

Provider: N/A

IMAGING STUDY DETAILS

Study Type: X-ray (Radiography)
Modality: X-Ray
Body Part: Abdomen X-Ray
Image ID: IMG1762634074728I12ORDER
Status: ORDERED

Resident Physician
(Signature)



[E-Signed] Nov 8, 2025 20:36