

CURA HEALTH EMR

Prescription #: RX-IMG1762634709381I12ORDERORDER

**Clinical Care Hospital**

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

Name: patient BB

DOB: 3/2/2023

Address: [object Object]

Age: 2

Gender: N/A

Sex: No: 6543234565

Weight: -

Date: 08 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: IMG1762634709381I12ORDER

Status: ORDERED

Resident Physician
(Signature)

A handwritten signature consisting of a stylized 'X' and a wavy line.

[E-Signed] Nov 8, 2025 20:45