

EMRSoft

Prescription #: RX-IMG1763375883205I1ORDERORDER

Clinical Care Hospital

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

Name: Alice Williams

Address: [object Object]

Gender: N/A

Weight: -

DOB: 3/15/1985

Age: 40

Sex: No: 123 456 7890

Date: 17 Nov 2025

Provider: N/A

IMAGING STUDY DETAILS

Study Type: X-ray (Radiography)

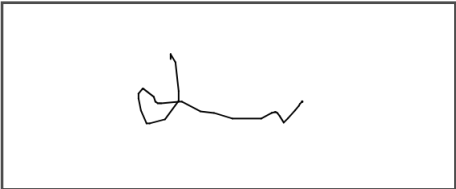
Modality: X-Ray

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

Image ID: IMG1763375883205I1ORDER

Status: ORDERED

Resident Physician  
(Signature)



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