

**CURA HEALTH EMR**

Prescription #: RX-IMG1761931569844I7ORDERORDER

**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: 08 Nov 2025

Provider: N/A

**IMAGING STUDY DETAILS**

Study Type: X-ray (Radiography)  
Modality: X-Ray  
Body Part: Abdomen X-Ray  
Image ID: IMG1761931569844I7ORDER  
Status: ORDERED

Resident Physician  
(Signature)

