

CURA HEALTH EMR

Prescription #: RX-IMG1762059224453I10ORDERORDER



Clinical Care Hospital

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

Name: John Patient

Address: [object Object]

Gender: N/A

Weight: -

DOB: 11/2/2025

Age: 0

Sex: No: N/A

Date: 02 Nov 2025

Provider: N/A

IMAGING STUDY DETAILS

Study Type: X-ray (Radiography)  
Modality: X-Ray  
Body Part: Abdomen X-Ray  
Image ID: IMG1762059224453I10ORDER  
Status: ORDERED

Resident Physician  
(Signature)