

**CURA HEALTH EMR**

Prescription #: RX-IMG1761922632884I7ORDERORDER

**Clinical Care Hospital**

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Name: Alice Williams

DOB: 3/15/1985

Address: [object Object]

Age: 40

Gender: N/A

Sex: No: 123 456 7890

Weight: -

Date: 31 Oct 2025

Provider: N/A

**IMAGING STUDY DETAILS**

Study Type: CT (Computed Tomography)

Modality: X-Ray

Body Part: Abdomen X-Ray

Image ID: IMG1761922632884I7ORDER

Status: ORDERED

Resident Physician  
(Signature)

May Bubushia