

CURA HEALTH EMR

Prescription #: RX-IMG1763265746028I10ORDERORDER

HG FFTYFYTFTYF YTFYT

HJBHGBG YUG YUG YUGUY G
+96576575765
GJGYUGY@GMAIL.COM
WW.GOOOGLNJKN

Name: John Patient

Address: [object Object]

Gender: N/A

Weight: -

DOB: 9/11/2015

Age: 10

Sex: No: 9876890987

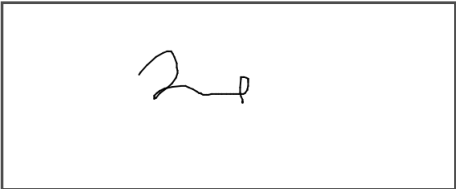
Date: 16 Nov 2025

Provider: N/A

IMAGING STUDY DETAILS

Study Type: X-ray (Radiography)
Modality: X-Ray
Body Part: Chest X-Ray (PA / Lateral)
Image ID: IMG1763265746028I10ORDER
Status: ORDERED

Resident Physician
(Signature)



[E-Signed] Nov 16, 2025 04:03