## **Health Report For Imaging Order**

Patient Name :asdsad ssadsad

Г	Orug Name	Sig	Datetime Stopped Taking	Number Refills	Pharmacy Note	Notes	Prn	Indication	Datetime Prescribed	Dispense Quantity	Daw	Order Status	Sig Note	Status	Datetime Started Taking	Dispense Package	Date
		Test444	2021-05- 03	444333	Test	Lorem Ipsum is simply dummy text of the printing and typesetting industry.	yes	Test444	2021-05- 03 07:23:00	4444	yes	administered_during_visit	444		2021-05- 03	4444	2021- 05-03