



Date: March 8, 2016

Facility: Bountiful Family Healthcare

Sonographer: Diane Nielson

TIME IN:	OUT:
TIME IN:	OUT:

▼	Patient Name	Doctor	D.O.B.	M F	Prior Scan	IMT	DUP	ENDO	Comments
1	Broderick, Charles		12-6-52	M		✓	✓	✓	Endotherm Error
2	Brown, Jerry		2-17-37	M		✓	✓	✓	
3	Hill, Daniel		5-21-64	M		✓	✓	✓	Endotherm Error
4	Connelly, Cheryl		9-23-38	F		✓	✓	✓	Endotherm Error
5	Connelly, John		3-1-39	M		✓	✓	✓	Endotherm Error
6	Carlson, Victor		1-12-48	M		✓	✓	✓	
7	Parrish, Lynda		6-7-42	F		✓	✓	✓	
8	Ortiz, Michael		2-28-52	M		✓	✓	✓	
9	Hunsaker, James		4-8-46	M		✓	✓	✓	
10	Foster, Phyllis		1-15-30	F		✓	✓	✓	
11	Foster, Mark		9-20-28	M		✓	✓	✓	
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* Signature of physician of representative is acknowledgement of responsibility to pay CardioRisk Laboratories, Inc., for all patients listed on this patient data sheet, according to agreement between the parties or in the event of an absence of a written agreement, as is customary and usual between the parties.

Representative *Lisa Hansen* Date 3-8-16

Physiologist _____ Date _____