

Date: 09-07-2011
 Facility: Cary Family
 Sonographer: Diane Bibrey



CardioRisk Laboratories
 At the Heart of Good Health

FAX: 801-858-4512 or 801-957-5435

▼	Patient Name	Doctor	D.O.B.	M	F	Prior Scan	I	Endo	Pat	Comments
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1	Johnson, Moses		12-5-67	M						
2	Krigger, Joan		5-28-39	F						

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* Signature of physician or representative is acknowledgement of responsibility to pay CardioRisk. Ultrasound, 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 customary and usual between the parties.
 Representative: *[Signature]*
 Date: 09-07-2011



Date: 09-07-2011
 Facility: Cary HealthCare
 Sonographer: Diane Bilbrey
 FAX: 801-868-4412 or 801-957-5435

▲	Patient Name	Doctor	D.O.B.	M	F	Prior	Scan	IMT	Endo	Pat	Comments
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1 Horton, Claudia F V 7-17-56 F V Deep vessels (B) e Jugular Vein Intereven

2 Furey, Elizabeth F N 8-5-50 F N

3 Karalis, Marty M N 8-22-52 M N

4 Cherry, Luther M N 9-10-54 M N Deep vessels

5 Burgin, Bernadette F N 4-8-55 F N

6 Page, Donna F N 3-11-59 F N

7 Gates, Sheila F N 10-5-53 F N

8 Steiner, Bernard M N 5-8-65 M N

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Representative: *[Signature]* Date: 09-07-2011