



Date: 09-07-2011

Facility: Cary HealthCare

Sonographer:

Diane Bilbrey

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

▼	Patient Name	Doctor	D.O.B.	M F	Prior Scan	IMT	Endo Pat	Comments
								Indicate Ethnic Origin if not Caucasian
1	Horton, Claudia		7-17-56	F	V			Deep vessels (B) E Jugular Veno Interference
2	Fourey, Elizabeth		8-5-50	F	N			
3	Karalius, Marty		8-22-56	M	N			
4	Cherry, Luther		9-10-54	M	N			Deep vessels
5	Burgin, Bernadette		4-8-55	F	N			
6	Page, Donna		3-11-59	F	N			
7	Cates, Shelia		10-5-53	F	N			
8	Steiner, Bernard		5-8-65	M	N			
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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 is customary and usual between the parties.

Representatives: *[Signature]*

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