



Date: 9/10/11

Facility: *Edmonds Family Medicine*

FAX 1-801-858-4512

Sonographer: Steven Pham

▼	K	M	Patient Name	Doctor	D.O.B.	M/F	Ethnic Origin	Prior Scan	Endo Pat	Comments
1			<i>Johnson, Kristina</i>	<i>Sargent</i>	<i>4/15/53</i>	<i>F</i>	<i>C</i>			<i>=</i>
2			<i>Meatz, Ryan</i>	<i>Moore</i>	<i>5/25/71</i>	<i>M</i>	<i>AS</i>			<i>></i>
3			<i>Schneider, Deborah</i>	<i>Hanson</i>	<i>2/17/53</i>	<i>F</i>	<i>C</i>			<i>=</i>
4			<i>Boese, Teresa</i>	<i>Bennett</i>	<i>4/3/51</i>	<i>F</i>	<i>C</i>	<input checked="" type="checkbox"/>		<i>plaque @ LCB.</i>
5			<i>Strong, Kristin</i>	<i>Bogert</i>	<i>8/2/65</i>	<i>F</i>	<i>C</i>			<i>plaque bilat CB, ICA</i>
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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.

Representative: *S. Meyer*

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