

Representative: *[Signature]*

\* 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.

Date: *6/3/11*

▼ K M	Patient Name	Doctor	D.O.B.	M/F	Ethnic Origin	Comments
1	Atis Cortright	Cordes	3/11/35	M		LTCB plaque
2	Mary Arbil-Klo		9/15/46	F		LCB plaque
3	John Motters		6/25/66	M		
4	Kim Untz		8/10/67	F		RCB plaque
5	Imelda Compton		5/10/47	F		L/R CB plaque
6	Byyllis Christoph		9/13/57	F		
7	William Emery		10/11/35	M		
8	Randall Fowey		10/18/50	M		L/R CB plaque
9	Patrick Schoff		3/15/56	M		R/L CB plaque
10	Michele Metzner		3/05/60	F		
11	Helen Thompson		8/11/36	F		R/L CB plaque
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