



Date: 09-08-2011
Facility: Family Care
Sonographer: Diane Bilbrey

FAX: 801-855-4512 or 801-957-5735

▲	Patient Name	Doctor	D.O.B.	M	Prior	IMT	Endo	Pat	Comments
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1	Watson, James Lee	Lee	8-28-71	M	N				
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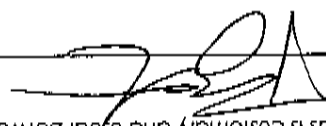
2	Clayton, Ruffi Lee	Lee	1-16-66	F	"				
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3	Wallerstein, Karel Miroslav	Miroslav	12-1-66	F	"				
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4	Robinson, Michael	"	8-27-55	M	"				
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* Signature of physician of 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 its customary and usual between the parties.

Representative:  Date: 09-08-2011