



Date: 9-13-11

Facility: FULTON

Sonographer: Michael Sampson

Patent Name	Doctor	D.O.B.	M	F	Prior	IMT	Endo	Pat	Comments
1 KENSER, DIANE	FULTON	11-26-39	F						
2 GINSBERG, RUSSELL		4-13-65	M						
3 WATSON, LOUIS		9-18-52	M						
4 RAYBURN, SUE		1-30-69	F						IMT ONLY / TEETH COVER
5 FARMAN, ELAINE		9-12-34	F						(+) CCA / ICA TEETH COVER
6 LEWIS, ELAINE		9-11-56	F						
7 LEWIS, KEITH		3-30-59	M						
8 DAVIS, RICHARD		9-20-57	M						
9 CESTER, WILLIAM		5-21-60	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: 9-13-11

ENDORSEMENT -