



Date: 9.6.11  
 Facility: CardioVip (certification)  
 Sonographer: KADIN YOZCU.

▼	K	M	Patient Name	Doctor	D.O.B.	M/F	Ethnic Origin	Comments
1			Christy - TEST					SCANNED 10 Patients. BY KADIN YOZCU. FOR CERTIFICATION PURPOSES.
2			Guadalupe - TEST					
3			Tamika - TEST					
4			Tony - TEST					
5			Sheresse - TEST 1					
6			Phyllis - TEST					
7			Tamika - TEST 2					
8			Sheresse - TEST 2					
9			Sheresse Test 3					
10			Tony - Test 2					
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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: \_\_\_\_\_

Date: \_\_\_\_\_