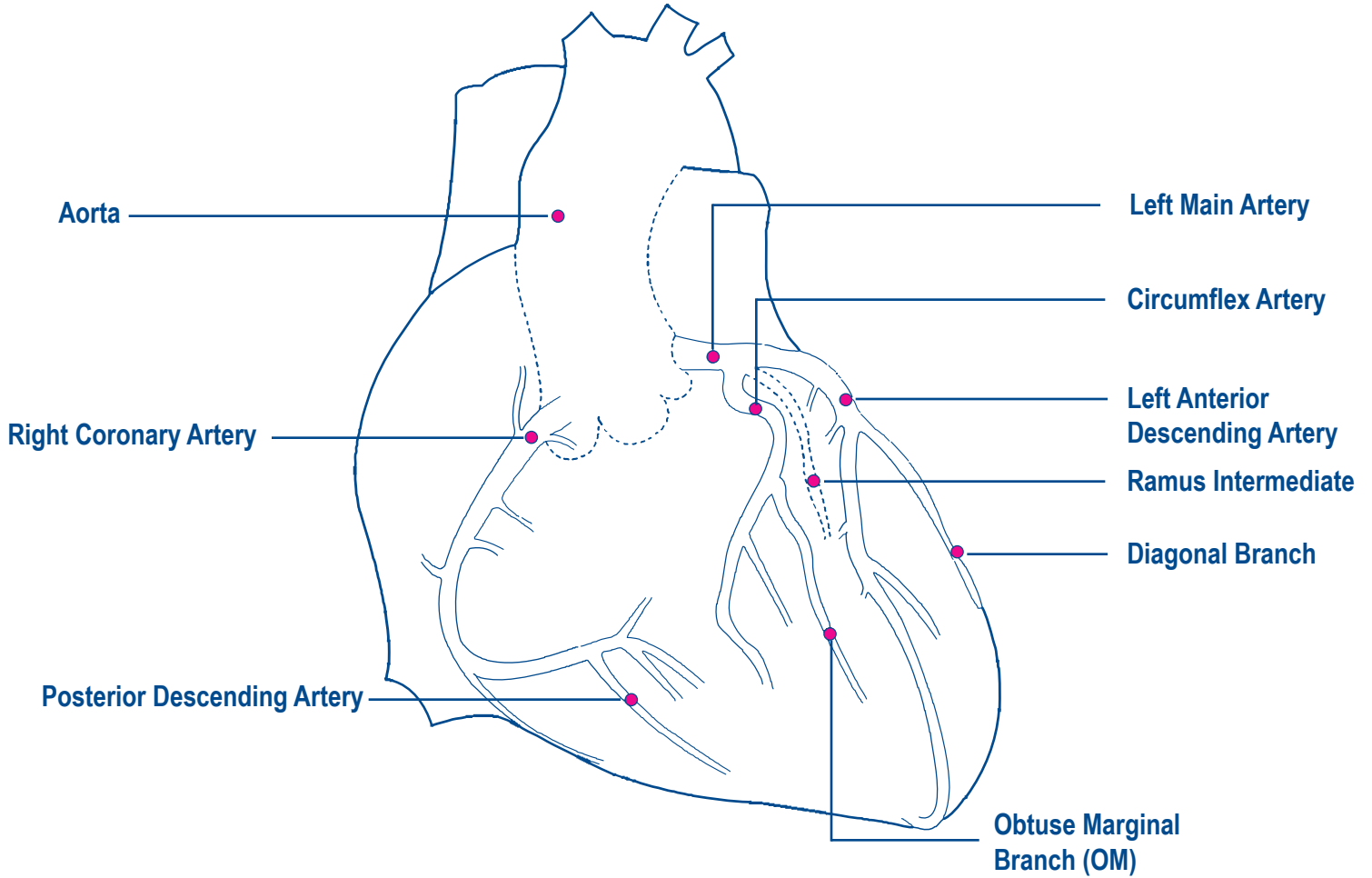
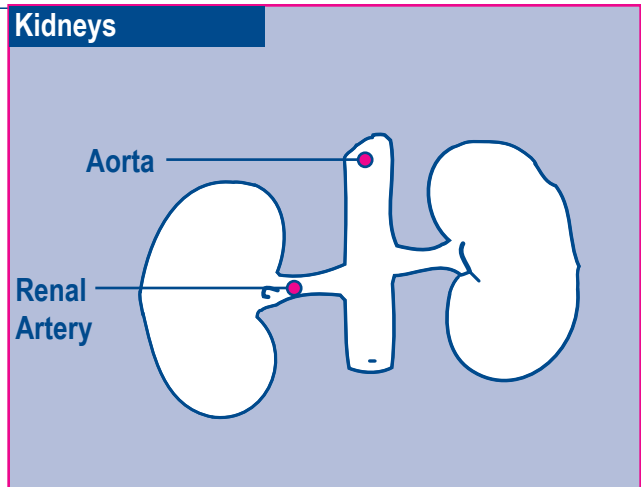


Coronary



Findings _____

Plan _____



Physician _____ Phone Number _____ Date _____