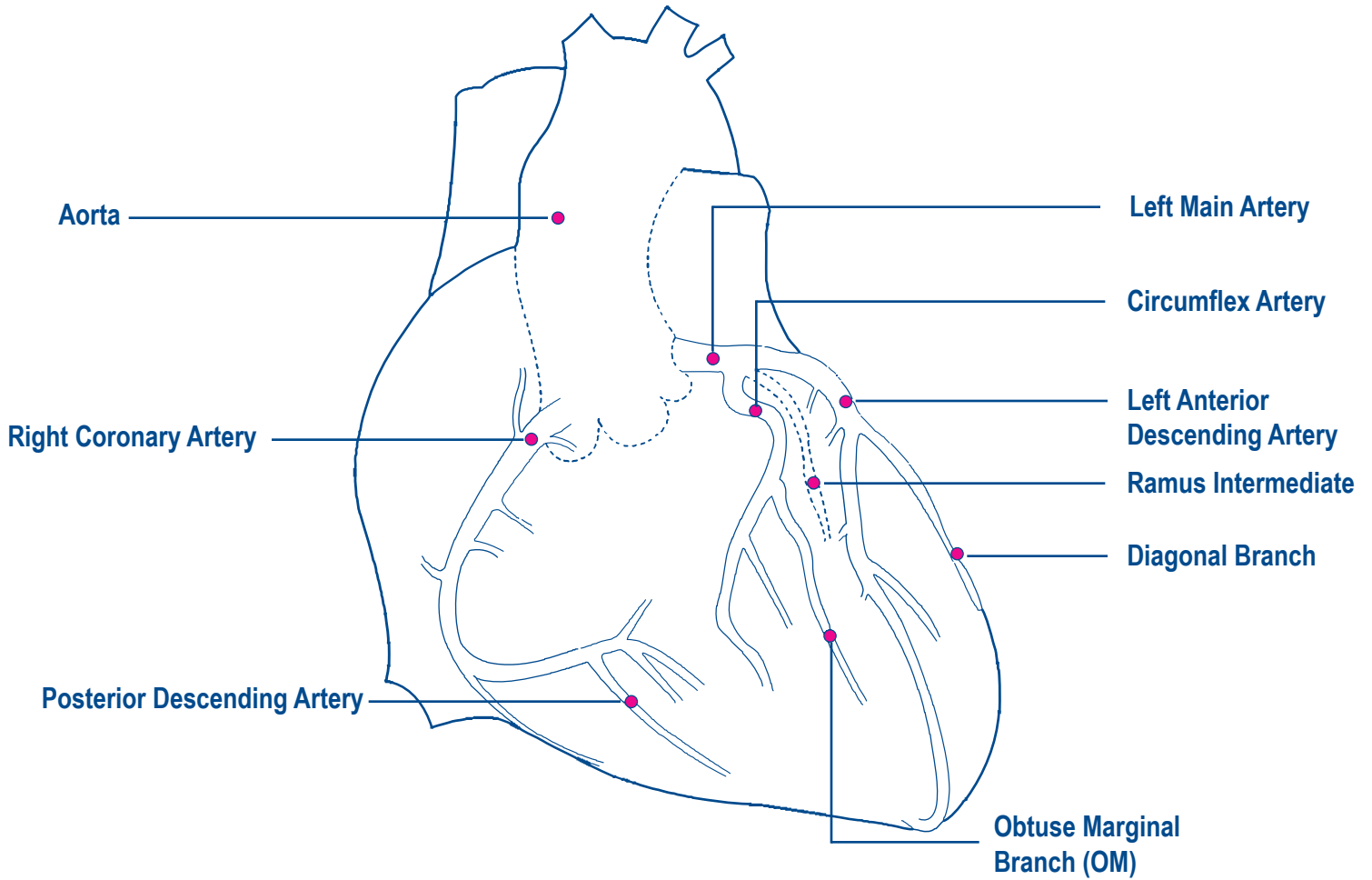
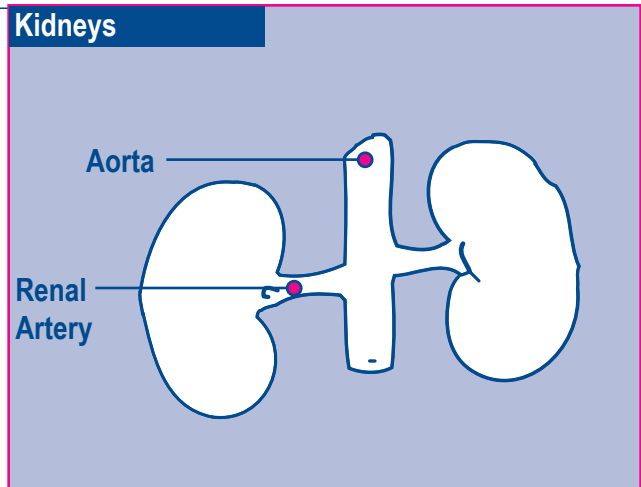


Coronary



Findings _____

Plan _____



Physician _____	Phone Number _____	Date _____
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