1.

| Question: What is the patient's name? | |
|--|--|
| A) John Doe | |
| B) Paulette Richards | |
| C) Skyhart5 | |
| D) David Coun | |
| Correct Answer: B | |
| | |
| 2. | |
| Question: What is the patient's date of birth? | |
| A) 09/22/1963 | |
| B) 09/22/1945 | |
| C) 09/22/1953 | |
| D) 09/22/1978 | |
| Correct Answer: C | |
| | |
| 3. | |
| Question: What is the patient's primary care provider? | |
| A) David Coun | |
| B) Skyhart5 | |
| C) Justin Timothy Gasper, MD | |
| D) 10 UNION SQ ECHO | |
| Correct Answer: C | |

4.

| C | uestion: Where does the patient live according to her home phone number? |
|---|--|
| | A) 682 STERLING PL |
| | B) 11216-3804 |
| | C) Brooklyn, NY |
| | D) Both A and C |
| | Correct Answer: D |
| | |
| | 5. |
| C | euestion: What was the procedure performed on the patient? |
| | A) Transthoracic Echocardiogram (TTE) - Rest Only |
| | B) Cardiology Consultation |
| | C) Trans-Esophageal Echocardiogram (TEE) |
| | D) Magnetic Resonance Imaging (MRI) |
| | Correct Answer: A |
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