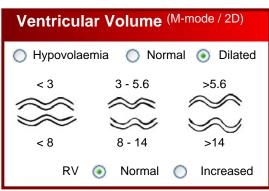
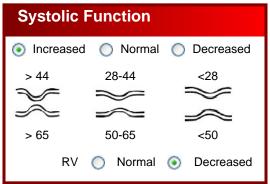
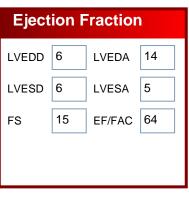
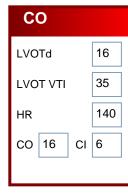
Patient Details	Stu
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Suburb State Post Code	Indica
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Email	ВР

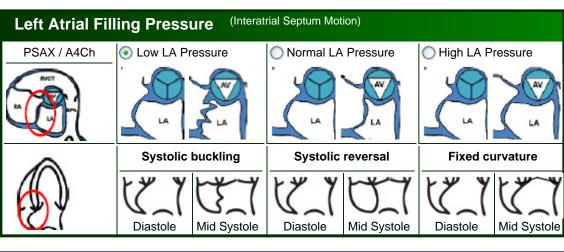


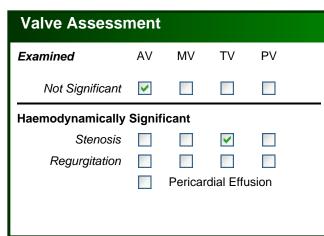


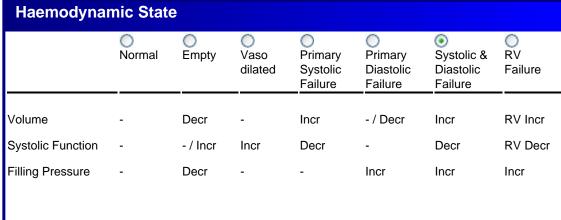


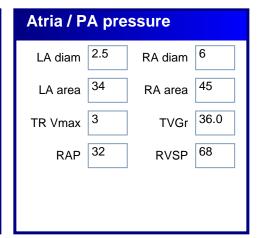












Comments

Refer for full echocardiography study

Signature

