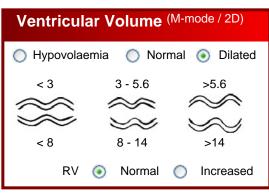
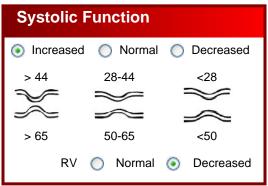
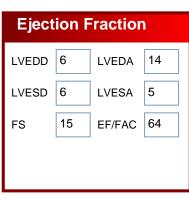
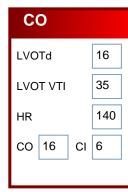
Patient Details			
UR	D.O.B dd/mm/yyyy	Age	Sex
Surname		First Name	
Address			
Suburb	State	Post Code	
н		М	
Email			
Ventricular Vel	/M made / 2D	Systelia E	

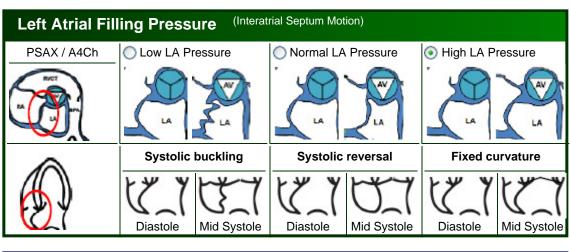


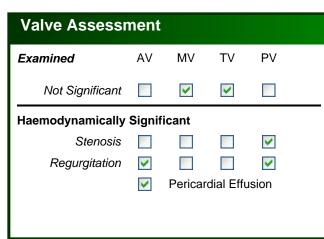


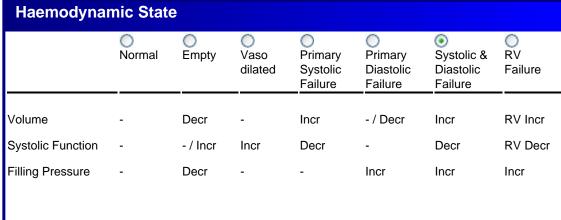


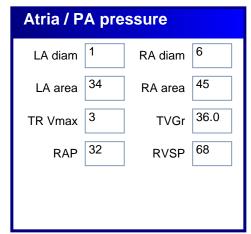












## Comments

Refer for full echocardiography study

Signature

