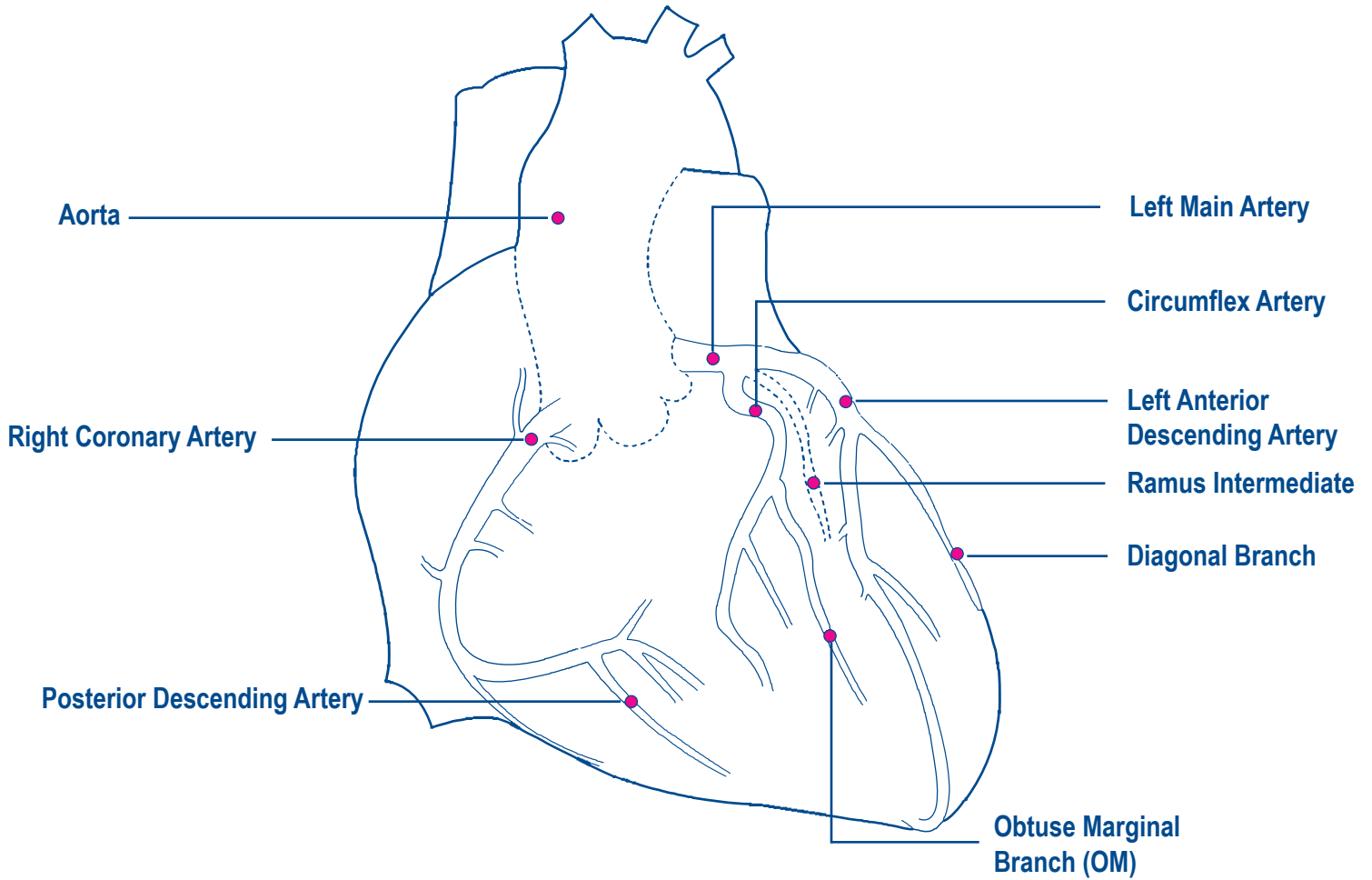
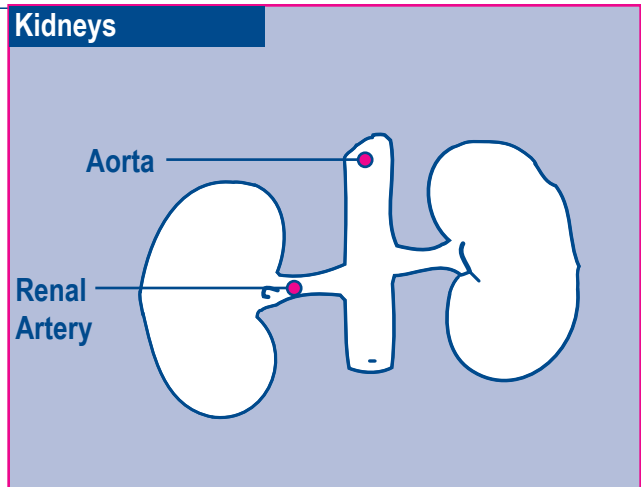


# Coronary



**Findings** \_\_\_\_\_  
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**Plan** \_\_\_\_\_  
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 \_\_\_\_\_  
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Physician _____	Phone Number _____	Date _____
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