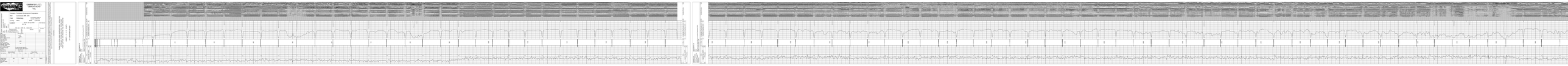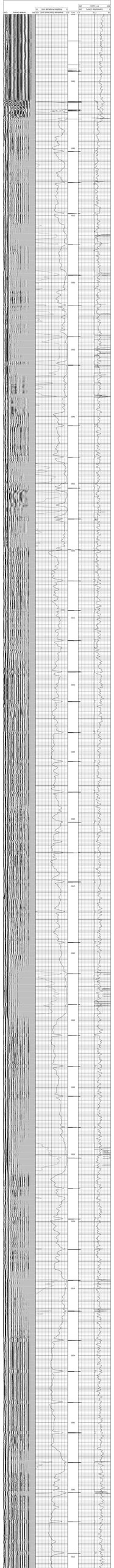
CARDIA TEST LTD.
CARDIFF ROAD
WALES
Name
Date
Ward
Referring
Location
Clinical Info
Room
Technician
Recorded
Duration
Filter
Sensitivity
Speed
Montage
Comments
Interpretation
Signature
Date
Physician
Signature
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