

RYAN CRENSHAW, M.D.

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STERLING, VA 20165
PHONE: 703-444-4799 FAX: 703-444-4985



PATIENT: _____

PRIOR TO YOUR PROCEDURE(S).

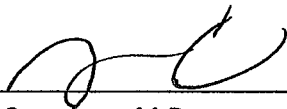
Please obtain the marked study(ies) AT LEAST 2 WEEKS PRIOR TO YOUR PROCEDURE(S).

Medical clearance from your PCP or Cardiologist or Pulmonologist.

EKG

Other _____

Please fax reports to our office.



Ryan Crenshaw, M.D.

Date