

FINALIZE

RESET



Chronological



CardioRisk Laboratories
At the Heart of Good Health

Date Friday, January 3, 2025

Office Paramount Care Physicians

2:45p EST

Sonographer Dana Johannesson, RVT

Check box if unable to apply initials of the office representative due to limited access to WiFi signal.

Appt Slots

hh:mm

0:15

Enter Start Time Here

8:30

| Representative of Paramount Care Physicians | | | | 1/3/2025 Date Signed | | <i>Dana Johannesson, RVT</i> CardioRisk Laboratories Vascular Sonographer, Certified in CIMT | | | | | | | | | | | | | |
|---|-----------------------|-------------------------------------|------------------|--|-------------------------------------|---|--------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|--|-------------------------------------|--------------------------|--------------------------|--------------------------|---|
| Full Name Emma Maxwell <i>Initial Here</i> | | | | Total number of exams performed 16 | | 100% of AAA patients NPO | | | | | | | | | | | | | |
| # of Patients | 22 | | | 21 | | | Totals | | | | | | | | | | 6 | 0 | 0 |
| # | Scheduled Appointment | Patient ID (LAST,FIRST_MM-DD-YYM/F) | Ordered Exam (s) | Provider | PR I O R | 6 C I M T | 0 D O P P L E R | 2 A A A | 2 ? N P O | 0 F I M T | 8 A B I | Comments | | | C X | C o m p | T D S | | |
| 1 | 8:30 a | RUTLEDGE,TEELO__01-19-82M | AAA | Scott Bell, MD, PhD | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2 | 8:45 a | BERTOGLIO,ANTHONY__11-17-52M | AAA | Nishant Magar, MD | <input type="checkbox"/> | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 | 9:00 a | MARTIN,PETER__11-23-51M | ABI | Nishant Magar, MD | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 4 | 9:15 a | SHAHMOHAMMADI,MOSTAFA__09-18-57M | CIMT | Nishant Magar, MD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | thought his appt was at 11:00 came in late | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5 | 9:30 a | FRIEDL,BETTY__10-08-42F | AAA | Nishant Magar, MD | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 6 | 9:45 a | GREENOUGH,SUSAN__06-12-57F | ABI | Nishant Magar, MD | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 7 | 10:00 a | VOGEL,ELIZABETH__02-24-61F | CIMT | Elizabeth Anderson Halabuck, MD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 | 10:15 a | COVALL,MARK__07-30-54M | ABI | Nishant Magar, MD | <input type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 9 | 10:30 a | OWENS,MARK__09-19-63M | ABI | Elizabeth Anderson Halabuck, MD | <input type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 10 | 10:45 a | HINDERSTEIN,COREY__04-07-73F | CIMT | Scott Bell, MD, PhD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 11 | 11:00 a | HASELBARTH,MARION__01-05-67F | ABI | Nishant Magar, MD | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 12 | 11:15 a | BUCKMINSTER,ELLEN__09-13-51F | ABI | Nishant Magar, MD | <input type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | Excessive talking, slow to get clothing and shoes off and back on. Refused assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13 | 11:30 a | HAIGHT,DIANE__12-10-45F | ABI | Scott Bell, MD, PhD | <input type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 14 | 11:45 a | TAVACOL,NICHOLE__10-07-69F | CIMT | Elizabeth Anderson Halabuck, MD | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 15 | 12:00 p | ALTMANN,JEAN__10-01-46F | CIMT | Elizabeth Anderson Halabuck, MD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 16 | 12:15 p | ALTMANN,STEVEN__03-24-49M | ABI | Nishant Magar, MD | <input type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17 | 12:30 p | ALLEN,OLIVER__11-29-54M | ABI | Scott Bell, MD, PhD | <input type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 18 | 12:45 p | MINK,CHARLES__06-09-54M | ABI | Scott Bell, MD, PhD | <input type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 19 | 1:00 p | | LUNCH | | | | | | | | | | | | | | | | |
| 20 | 1:15 p | | LUNCH | | | | | | | | | | | | | | | | |
| 21 | 1:30 p | | LUNCH | | | | | | | | | | | | | | | | |
| 22 | 1:45 p | | LUNCH | | | | | | | | | | | | | | | | |
| 23 | 2:00 p | MILEWSKY,GREGORY__08-30-65M | ABI | Elizabeth Anderson Halabuck, MD | | | | | | | | | | | <input checked="" type="checkbox"/> | | | | |
| 24 | 2:15 p | EGGER,MARY__07-24-52F | ABI | Elizabeth Anderson Halabuck, MD | <input type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 25 | 2:30 p | BARCUS,JULIE__10-09-49F | CIMT | Elizabeth Anderson Halabuck, MD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 26 | 2:45 p | WHITE,CHRISTINE__11-21-47F | CIMT | Elizabeth Anderson Halabuck, MD | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 27 | 3:00 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 28 | 3:15 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 29 | 3:30 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 30 | 3:45 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 31 | 4:00 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 32 | 4:15 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 33 | 4:30 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 34 | 4:45 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 35 | 5:00 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 36 | 5:15 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 37 | 5:30 p | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

| | |
|-----------------------------------|--|
| Friday, January 3, 2025 | This page is for sonographers to have a way to share any issues that impact the day that should be addressed by CardioRisk. |
| Paramount Care Physicians | Please make any comments or suggestions here when issues arise so they can be addressed by the appropriate team member. |
| Dana Johannesson, RVT | This page is an internal communication and WILL NOT be shared with the providers office. |
| SCANS PERFORMED | 16 |
| Back To Log Sheet | SCHEDULING Several no shows |
| | TRAVEL |
| | EQUIPMENT |
| | SUGGESTIONS |
| | OTHER FYI, the office did not provide a patient list prior to the scan date. I was unable to prepare the log sheet or enter patients in the ultrasound unit. I am hopeful that the day will go better than I think it will because of the confusing nature of the list they provide and the limited time I will have to get things set up and ready for the day. I arrived rather early and found the staff here waiting for me. I had enough time to get things set up. (SO relieved) |

FINALIZE

RESET



Alphabetical



CardioRisk Laboratories
At the Heart of Good Health

Date Friday, January 3, 2025

Office Paramount Care Physicians

Sonographer Dana Johannesson, RVT

Check box if unable to apply initials of the office representative due to limited access to WiFi signal.

Appt Slots

hh:mm

0:15

Enter Start Time Here

8:30

| Representative of Paramount Care Physicians | | | | 1/3/2025 Date Signed | | <i>Dana Johannesson, RVT</i> CardioRisk Laboratories Vascular Sonographer, Certified in CIMT | | | | | | | | | |
|---|-----------------------|--|------------------|---------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|------------------|------------------|-------------------------------------|--|-------------------------------------|--------------------------|--------------------------|
| Full Name Emma Maxwell <i>Initial Here</i> | | | | Total number of exams performed 16 | | 100% of AAA patients NPO | | | | | | | | | |
| # of Patients 22 | 21 | | | Totals | | | | | | | | 6 | 0 | 0 | |
| # | Scheduled Appointment | Patient ID (LAST, FIRST __MM-DD-YYM/F) | Ordered Exam (s) | Provider | PRI TOR | D O P P L E R | C I M T | A A A | ? N P O | F I M T | A B I | Comments | C X | C o m p | T D S |
| 17 | | ALLEN, OLIVER__11-29-54M | ABI | Scott Bell, MD, PhD | <input type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | | ALTMANN, JEAN__10-01-46F | CIMT | Elizabeth Anderson Halabuck, MD | <input checked="" type="checkbox"/> | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | | ALTMANN, STEVEN__03-24-49M | ABI | Nishant Magar, MD | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | | BARCUS, JULIE__10-09-49F | CIMT | Elizabeth Anderson Halabuck, MD | <input checked="" type="checkbox"/> | | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | | BERTOGLIO, ANTHONY__11-17-52M | AAA | Nishant Magar, MD | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | Y | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | | BUCKMINSTER, ELLEN__09-13-51F | ABI | Nishant Magar, MD | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | Excessive talking, slow to get clothing and shoes off and back on. Refused assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | COVALL, MARK__07-30-54M | ABI | Nishant Magar, MD | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | | EGGER, MARY__07-24-52F | ABI | Elizabeth Anderson Halabuck, MD | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | 10:30-a | FRIEDL, BETTY__10-08-42F | AAA | Nishant Magar, MD | | | | | | | | | <input checked="" type="checkbox"/> | | |
| 6 | 10:45-a | GREENOUGH, SUSAN__06-12-57F | ABI | Nishant Magar, MD | | | | | | | | | <input checked="" type="checkbox"/> | | |
| 13 | | HAIGHT, DIANE__12-10-45F | ABI | Scott Bell, MD, PhD | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | 11:15-a | HASELBARTH, MARION__01-05-67F | ABI | Nishant Magar, MD | | | | | | | | | <input checked="" type="checkbox"/> | | |
| 10 | | HINDERSTEIN, COREY__04-07-73F | CIMT | Scott Bell, MD, PhD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | 11:45-a | MARTIN, PETER__11-23-51M | ABI | Nishant Magar, MD | | | | | | | | | <input checked="" type="checkbox"/> | | |
| 23 | 12:00-p | MILEWSKY, GREGORY__08-30-65M | ABI | Elizabeth Anderson Halabuck, MD | | | | | | | | | <input checked="" type="checkbox"/> | | |
| 18 | | MINK, CHARLES__06-09-54M | ABI | Scott Bell, MD, PhD | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | OWENS, MARK__09-19-63M | ABI | Elizabeth Anderson Halabuck, MD | <input checked="" type="checkbox"/> | | | | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | | RUTLEDGE, TEELO__01-19-82M | AAA | Scott Bell, MD, PhD | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | Y | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | | SHAHMOHAMMADI, MOSTAFA__09-18-57M | CIMT | Nishant Magar, MD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | thought his appt was at 11:00 came in late | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | 1:15-p | TAVACOL, NICHOLE__10-07-69F | CIMT | Elizabeth Anderson Halabuck, MD | | | | | | | | | <input checked="" type="checkbox"/> | | |
| 7 | | VOGEL, ELIZABETH__02-24-61F | CIMT | Elizabeth Anderson Halabuck, MD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | | WHITE, CHRISTINE__11-21-47F | CIMT | Elizabeth Anderson Halabuck, MD | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 | 2:00 p | | LUNCH | | | | | | | | | | | | |
| 20 | 2:15 p | | LUNCH | | | | | | | | | | | | |
| 21 | 2:30 p | | LUNCH | | | | | | | | | | | | |
| 22 | 2:45 p | | LUNCH | | | | | | | | | | | | |
| 27 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37 | | | | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |