8:00AM-1:00PM

Date **2/2/24**

Office **Paramount Care Physicians**

Sonographer **Michele Walters, RVT**

CardioRisk Laboratories
At the Heart of Good Health

**Digital signature of physician or representative is acknowledgement of responsibility to pay CardioRisk Laboratories,INC., for all patients listed on this patient data sheet, according to agreement between the parties or in the event of an absence of a written agreement, as is customary and usual between the parties.**

| Representative of Paramount Care Physicians | | Michele Walters, RVT |
|---|---|---|
| Full Name **Donna Reed** | Date Signed | CardioRisk Laboratories Vascular Sonographer, Certified in CIMT |
| Initial Here | 2/2/2024 | |

**# Scheduled 16** **Totals** 7 5 0 10 0 1 1 Not Scanned CX / No Show

| # | Time | Patient ID (LAST,FIRST__MM-DD-YYM/F)M | | PRIOR | CIMT | DOPPLER | AAA | FIMT | ABI | Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| 10 | 10:15 AM | ARCHER,VALARIE__06-06-64F | ANDERSON HALABUK | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | PATIENT IS NPO |
| 6 | 9:15 AM | BEECH,LEN__09-05-50M | ANDERSON HALABUK | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | PATIENT IS NPO |
| 5 | 9:00 AM | BEECH,TANYA__06-03-56F | ANDERSON HALABUK | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | PATIENT IS NPO |
| 11 | 10:30 AM | BLAUCH,JAMES__02-12-46M | MAGAR | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | PATIENT IS NPO |
| 20 | 12:45 PM | FAUSTINI,MARIO__02-14-74M | BELL | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | POSSIBLE PRIOR |
| 13 | 11:00 AM | FRANCIS, MARY__10-20-29F | BELL | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | PATIENT IS NPO |
| 18 | 12:15 PM | HEWITT,AMOS__12-25-52M | MAGAR | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | POSSIBLE PRIOR |
| 4 | 8:45 AM | HULIT,WAYNE__10-19-48M | BELL | ☑ | ☐ | ☐ | ☑ | ☐ | ☐ | POSSIBLE PRIOR; PATIENT IS NPO |
| 15 | 11:30 AM | ~~JOHNSON,VIDALINA__06-07-63FX~~ | ANDERSON HALABUK | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | NO SHOW |
| 14 | 11:15 AM | LUHN,DEBRA__05-28-59F | ANDERSON HALABUK | ☑ | ☐ | ☐ | ☑ | ☐ | ☐ | PATIENT IS NPO |
| 3 | 8:30 AM | MONTGOMERY,RAYMOND__07-16-59M | BELL | ☑ | ☐ | ☐ | ☑ | ☐ | ☐ | POSSIBLE PRIOR; PATIENT IS NPO; THE PROXIMAL SEGMENT OF THE AO WAS NOT VISUALIZED DUE TO OVERLYING BOWEL GAS |
| 9 | 10:00 AM | MULLANEY,JAMES__11-06-50M | MAGAR | ☐ | ☐ | ☐ | ☐ | ☐ | ☑ | |
| 16 | 11:45 AM | PAUL,BONNIE__06-29-52F | ANDERSON HALABUK | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | |
| 17 | 12:00 PM | PAUL,RAYMOND__09-26-51M | ANDERSON HALABUK | ☑ | ☑ | ☐ | ☐ | ☐ | ☐ | |
| 7 | 9:30 AM | SUMMERVILLE,DAVID__07-05-46M | BELL | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | PATIENT IS NPO; THE DISTAL SEGMENT OF THE AO WAS NOT VISUALIZED DUE TO OVERLYING BOWEL GAS; INCIDENTAL FINDING-UNIFORMLY ECTATIC PORTAL VEIN. KNOWN HX OF HTN AND LIVER CIRRHOSIS. DR. SCOTT BELL NOTIFIED. |
| 12 | 10:45 AM | YAMANE,MARK__09-08-62M | BELL | ☐ | ☐ | ☐ | ☑ | ☐ | ☐ | PATIENT IS NPO |
| 1 | 8:00 AM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 2 | 8:15 AM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 8 | 9:45 AM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 19 | 12:30 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 21 | 1:00 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 22 | 1:15 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 23 | 1:30 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 24 | 1:45 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 25 | 2:00 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 26 | 2:15 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 27 | 2:30 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 28 | 2:45 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 29 | 3:00 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 30 | 3:15 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 31 | 3:30 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 32 | 3:45 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 33 | 4:00 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 34 | 4:15 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 35 | 4:30 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 36 | 4:45 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 37 | 5:00 PM | | | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |