

FINALIZE

RESET



Chronological



CardioRisk Laboratories

At the Heart of Good Health

Date Friday, July 25, 2025

Office Paramount Care Physicians

1:11p Eastern DST

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

Sonographer Amy Galasso, RVT

Appt Slots

hh:mm

0:15

Enter Start Time Here

8:30

Representative of

Full Name

Donna Reed



[Signature]

7/25/2025

Date Signed

Amy Galasso, RVT

CardioRisk Laboratories Vascular Sonographer, Certified in CIMT

Total number of exams performed 15

100% of AAA patients NPO

#	Scheduled Appointment	Patient ID (LAST, FIRST_MM-DD-YYM/F)	Ordered Exam (s)	Provider	Totals					Comments	C X	C p o m	T D S	
					PR I O	C I M T	D O P P L E	A A A	? N P O					F I M T
17					8	9	0	1	1	0	5	2	0	1
1	8:30 a	TABLER, PAUL__12-25-57M	CIMT	Nishant Magar, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	8:45 a	CUOMO, PETER__07-30-59M	CIMT	Scott Bell, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	9:00 a	CUOMO, LORI__05-10-63F	CIMT	Scott Bell, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	9:15 a	HANNA, SUZAN__05-22-80F	CIMT	Scott Bell, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	9:30 a		OPEN											
6	9:45 a	SCHNEIDER, CLAUDIA__02-22-57F	ABI	Scott Bell, MD	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	10:00 a	WHEELER, JASON__06-09-69M	ABI	Scott Bell, MD	<input type="checkbox"/>						<input checked="" type="checkbox"/>	TIBIAL ARTERIES APPEAR CALCIFIED	<input type="checkbox"/>	<input type="checkbox"/>
8	10:15 a	TEDESCO, CHARLES__06-01-37M	AAA	Nishant Magar, MD	<input type="checkbox"/>			<input checked="" type="checkbox"/>	Y				<input type="checkbox"/>	<input type="checkbox"/>
9	10:30 a	CROWDER, SANDRA__05-06-70F	ABI	Elizabeth Halabuk, MD	<input type="checkbox"/>						<input checked="" type="checkbox"/>	LIMITED VIS, TDS	<input type="checkbox"/>	<input type="checkbox"/>
10	10:45 a	RECHTER, MARGARET__05-05-61F	ABI	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11	11:00 a	PETRICOIN, REBECCA__02-12-66F	CIMT									NS	<input checked="" type="checkbox"/>	
12	11:15 a	PETRICOIN, SOPHIA__09-01-03F	CIMT									RS	<input checked="" type="checkbox"/>	
13	11:30 a	SHAMOHAMMADI, MOSTAFA__09-18-57M	CIMT	Nishant Magar, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	11:45 a	MCLAUGHLIN, JAMES__04-21-51M	CIMT	Scott Bell, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	12:00 p	ROSA, JAMARY__10-23-74F	CIMT	Scott Bell, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	12:15 p	PHILLIPS, HOLLY__10-01-54F	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	12:30 p	VANTASSEL-BASKA, JOYCE__07-28-44F	ABI	Scott Bell, MD	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	12:45 p	ALTMAN, JEAN__10-16-62F	CIMT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	1:00 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	1:15 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	1:30 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	1:45 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	2:00 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	2:15 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	2:30 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	2:45 p				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>
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"/>

Friday, July 25, 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.
Amy Galasso, RVT	This page is an internal communication and WILL NOT be shared with the providers office.
SCANS PERFORMED	15
Back To Log Sheet	SCHEDULING
	TRAVEL
	EQUIPMENT
	SUGGESTIONS
	OTHER

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Alphabetical



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					PR I O	C I M T	D O P P L E	A A A	? N P O					F I M T	A B I
17			17		8	9	0	1	1	0	5	2	0	1	
18		ALTMAN,JEAN__10-16-62F	CIMT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		CROWDER,SANDRA__05-06-70F	ABI	Elizabeth Halabuk, MD	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		CUOMO,LORI__05-10-63F	CIMT	Scott Bell, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		CUOMO,PETER__07-30-59M	CIMT	Scott Bell, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		HANNA,SUZAN__05-22-80F	CIMT	Scott Bell, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14		MCLAUGHLIN,JAMES__04-21-51M	CIMT	Scott Bell, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	10:00 a	PETRICOIN,REBECCA__02-12-66F	CIMT									NS	<input checked="" type="checkbox"/>		
12	10:15 a	PETRICOIN,SOPHIA__09-01-03F	CIMT									NS	<input checked="" type="checkbox"/>		
16		PHILLIPS,HOLLY__10-01-54F	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		RECHTER,MARGARET__05-05-61F	ABI	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15		ROSA,JAMARY__10-23-74F	CIMT	Scott Bell, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		SCHNEIDER,CLAUDIA__02-22-57F	ABI	Scott Bell, MD	<input type="checkbox"/>						<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13		SHAMOHAMMADI,MOSTAFA__09-18-57M	CIMT	Nishant Magar, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1		TABLER,PAUL__12-25-57M	CIMT	Nishant Magar, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		TEDESCO,CHARLES__06-01-37M	AAA	Nishant Magar, MD	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Y				LIMITED VIS, TDS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17		VANTASSEL-BASKA,JOYCE__07-28-44F	ABI	Scott Bell, MD	<input type="checkbox"/>					<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		WHEELER,JASON__06-09-69M	ABI	Scott Bell, MD	<input type="checkbox"/>					<input checked="" type="checkbox"/>		TIBIAL ARTERIES APPEAR CALCIFIED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	12:45 p		OPEN												
19					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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25					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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28					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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30					<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					<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					<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					<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					<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					<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					<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					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	