

FINALIZE

RESET



Chronological



CardioRisk Laboratories

At the Heart of Good Health

Date 8-8-25

Office Paramount Care Physicians

9:18a 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

8:45

Representative of		8/8/2025		Amy Galasso, RVT											
Full Name		Date Signed		CardioRisk Laboratories Vascular Sonographer, Certified in CIMT											
Allie Summers		Total number of exams performed 16		100% of AAA patients NPO											
16		16		Totals											
#	Scheduled Appointment	Patient ID (LAST, FIRST __MM-DD-YYM/F)	Ordered Exam (s)	Provider	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	Comments	C X	C p o m	T D S
1	8:45 a	MCNEALY,JAMIE__07-06-79F	AAA	Scott Bell, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	9:00 a	WHITE,RICHARD__12-09-47M	AAA	Elizabeth Halabuk, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	9:15 a	SPATOLA,DON__02-16-52M	AAA	Scott Bell, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	9:30 a	GALYEAN,PAMELA__01-26-63F	AAA	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	9:45 a	FLORENCE,RICHARD__06-16-54M	AAA	Scott Bell, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	10:00 a		OPEN		<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"/>
7	10:15 a	BERTOGLIO,ANTHONY__11-17-52M	ABI	Nishant Magar, MD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALCIFIED TIBIAL ARTERIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	10:30 a	BENSON,CYNTHIA__04-30-51F	ABI	Elizabeth Halabuk, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	10:45 a	DONOVAN,MICHAEL__08-28-58M	ABI	Nishant Magar, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	11:00 a	MININGER,LORRAINE__01-18-41F	ABI	Scott Bell, MD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	11:15 a	BASKA,ARIEL__06-22-82F	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	11:30 a	SEELY,CAROL__01-05-52F	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" 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"/>
13	11:45 a	GOLDBRANSON,DONNA__10-29-62F	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" 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"/>
14	12:00 p	COTNOIR,MARY__12-28-48F	CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" 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"/>
15	12:15 p	SIEGEL,SANDRA__07-28-57F	CIMT	Scott Bell, MD	<input checked="" type="checkbox"/>	<input checked="" 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"/>
16	12:30 p	SIEGEL,SCOTT__02-27-57M	CIMT	Scott Bell, MD	<input checked="" type="checkbox"/>	<input checked="" 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"/>
17	12:45 p	OGDEN,LINDSEY__03-22-94F	CIMT	Nishant Magar, MD	<input checked="" type="checkbox"/>	<input checked="" 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"/>
18	1:00 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"/>
19	1:15 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"/>
20	1:30 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"/>
21	1:45 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"/>
22	2:00 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"/>
23	2:15 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"/>
24	2:30 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"/>
25	2:45 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"/>
26	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"/>
27	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"/>
28	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"/>
29	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"/>
30	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"/>
31	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"/>
32	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"/>
33	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"/>
34	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"/>
35	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"/>
36	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"/>
37	5:45 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"/>

8-8-25	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	16
Back To Log Sheet	SCHEDULING
	TRAVEL
	EQUIPMENT
	SUGGESTIONS
	OTHER

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RESET



Alphabetical



CardioRisk Laboratories

At the Heart of Good Health

Date 8-8-25

Office Paramount Care Physicians

Sonographer Amy Galasso, 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

8:45

Representative of		8/8/2025		Amy Galasso, RVT											
Full Name		Date Signed		CardioRisk Laboratories Vascular Sonographer, Certified in CIMT											
Allie Summers		Total number of exams performed 16		100% of AAA patients NPO											
16	16	Totals		7	7	0	5	5	0	4	0	0	1		
#	Scheduled Appointment	Patient ID (LAST, FIRST __MM-DD-YYM/F)	Ordered Exam (s)	Provider	PR	C	D	A	?/	F	A	C	C	T	
					R	I	O	A	N	I	B	X	o	D	
					I	M	P	A	P	M	I	m	m	S	
					O	T	L	A	O	T	A				
					J										
11	BASKA, ARIEL__06-22-82F		CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	BENSON, CYNTHIA__04-30-51F		ABI	Elizabeth Halabuk, MD	<input type="checkbox"/>						<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	BERTOGLIO, ANTHONY__11-17-52M		ABI	Nishant Magar, MD	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	CALCIFIED TIBIAL ARTERIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	COTNOIR, MARY__12-28-48F		CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	DONOVAN, MICHAEL__08-28-58M		ABI	Nishant Magar, MD	<input type="checkbox"/>						<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	FLORENCE, RICHARD__06-16-54M		AAA	Scott Bell, MD	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Y				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	GALYEAN, PAMELA__01-26-63F		AAA	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	Y				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	GOLDBRANSON, DONNA__10-29-62F		CIMT	Elizabeth Halabuk, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	MCNEALY, JAMIE__07-06-79F		AAA	Scott Bell, MD	<input type="checkbox"/>			<input checked="" type="checkbox"/>	Y				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	MININGER, LORRAINE__01-18-41F		ABI	Scott Bell, MD	<input type="checkbox"/>						<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	OGDEN, LINDSEY__03-22-94F		CIMT	Nishant Magar, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	SEELY, CAROL__01-05-52F		CIMT	Elizabeth Halabuk, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	SIEGEL, SANDRA__07-28-57F		CIMT	Scott Bell, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	SIEGEL, SCOTT__02-27-57M		CIMT	Scott Bell, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	SPATOLA, DON__02-16-52M		AAA	Scott Bell, MD	<input type="checkbox"/>			<input checked="" type="checkbox"/>	Y				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	WHITE, RICHARD__12-09-47M		AAA	Elizabeth Halabuk, MD	<input type="checkbox"/>			<input checked="" type="checkbox"/>	Y				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	12:45 p		OPEN												
18					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
22					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
26					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27					<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					<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					<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					<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"/>