

8:00am-1:30pm

Date **Monday, April 15, 2024**  
Office **Whole Heart Family Medicine**  
Sonographer **Michele Walters, RVT**



**CardioRisk Laboratories**

At the Heart of Good Health

Enter Start Time Here **8:15**

[Link to spreadsheet instructions](#)

Representative of **Whole Heart Family Medicine** *Michele Walters, RVT*  
 Full Name **Rachel Sandro** Date Signed **4/15/2024** CardioRisk Laboratories Vascular Sonographer, Certified in CIMT  
 Initial Here

# Scheduled 15				Totals					12	13	0	1	4	0	0	1
#	Patient ID (LAST,FIRST_MM-DD-YYM/F)M	Ordered Exam(s)	Provider	PRIOR	CIMT	DOPPLER	AAA	FIMT	ABI	Not Scanned CX / No Show	Comp Scans	Comments				
11	ALTMAN,FRANCYNE__04-12-78F	CIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			COMP				
20	BRANDT,JUSTIN__02-16-83M	CIMT	Carey McNamara, PA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
7	FISHER,TATIANA__11-15-77F	FIMT	Carey McNamara, PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			PRIOR CIMT 12/19/22; NO PRIOR FIMT				
13	FOX,GERRY__01-04-57M	CIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
10	HOLMAN,MICHAEL__11-15-53M	CIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
16	LOWMAN,TAMI__06-03-60F	CIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
18	MASSEY,CLAY__01-21-59M	CIMT	Self Referral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
3	MCMEEKIN,MICHAEL__06-05-68M	CIMT/ FIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			PRIOR CIMT 8/30/21; NO PRIOR FIMT				
1	OSTERMAN,MARISA__06-03-71F	CIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
5	OWENS,WENDY__04-11-65F	AAA/FIMT	Carey McNamara, PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			PRIOR CIMT 4/24/23; NO PRIOR AAA; NO				
2	PEREZ,ANTONIO__07-04-73M	CIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
17	RAYMER,MANDY__11-23-73F	CIMT/ FIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			PRIOR CIMT 11/9/20; NO PRIOR FIMT				
14	REINIG,KRISTIE__10-09-79F	CIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
8	SWEENEY,KIMBERLY__04-26-71F	CIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
9	TILLMAN,TIFFANY__04-08-80F	CIMT	Carey McNamara, PA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
12				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
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36				<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"/>							