





Date: Tuesday, September 2, 2025

Event Name: Home Scans

Sonographer: Rob Darley

SCREENING EVENT LOG SHEET	
CURRENT TIME	
07:39 PM	Eastern Time
Time Slots	0:15
Start Time	11:30

[A - Z](#)

[EMAIL](#)

[RESET](#)

TOTALS: 2 2 0 0 0

APPT. TIME	PATIENT ID (LAST,FIRST__MM-DD-YYM/F)	ORDERED EXAM(S)	REFERRING PROVIDER	TOTALS					COMMENTS
				PC RI IM OT R	C I M T	F I M T	A A A	RR EE PV OI RE TW	
1	11:30 AM	CABLE,ALEX__05-12-57M	CIMT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	11:45 AM	SALVATORE,FRANK__07-16-61M	CIMT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	12:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	12:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	12:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	12:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	1:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	1:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	1:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	1:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	2:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	2:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	2:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	2:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	3:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	3:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	3:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	3:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	4:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	4:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	4:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	4:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	5:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	5:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	5:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	5:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	6:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	6:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	6:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	6:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	7:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	7:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	7:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	7:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	8:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	8:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	8:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	8:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	9:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	9:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Date: \_\_\_\_\_

Event Name: \_\_\_\_\_

Sonographer: Rob Darley

SCREENING EVENT LOG SHEET	
CURRENT TIME	
05:39 PM	Mountain Time
Time Slots	0:15
Start Time	9:00

[A - Z](#)

[EMAIL](#)

[RESET](#)

APPT. TIME	PATIENT ID (LAST,FIRST__MM-DD-YYM/F)	ORDERED EXAM(S)	REFERRING PROVIDER	TOTALS:					COMMENTS
				PC RI IM OT R	C I M T	F I M T	A A A	RR EE PV OI RE TW	
1	9:00 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	9:15 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	9:30 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	9:45 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	10:00 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	10:15 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	10:30 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	10:45 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	11:00 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	11:15 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	11:30 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	11:45 AM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	12:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	12:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	12:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	12:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	1:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	1:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	1:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	1:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	2:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	2:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	2:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	2:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	3:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	3:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	3:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	3:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	4:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	4:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	4:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	4:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	5:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	5:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	5:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	5:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	6:00 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	6:15 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	6:30 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	6:45 PM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

# INSTRUCTIONS

## HOW TO NAVIGATE THE LOG SHEET TABS

Summary: There are a few tabs that contain your CardioRisk Log Sheets. Below is information on how they work and what they're for.

The "**Office Log Sheet**" serves as the primary record for our clients—such as physician offices, spas, and similar establishments. It is essential to document every patient and their information accurately.

The "**Screening Event Log 1**" is your primary log sheet for screening events. Our home office team will complete this form for you ahead of time. Please continue to verify each patient's information directly with them during the event.

In most cases, this is the only log sheet you'll need. However, if the event spans multiple days, this sheet is designated for **Day 1**.

The "**Screening Event Log 2**" is only used when a screening event takes place over two consecutive days. Like Log 1, it will be pre-filled by our home office team before the event.

If your event does extend into a second day, please use this sheet specifically for Day 2 and continue to confirm all patient information directly with them.

The "**Instructions**" tab is your reference for how log sheets should operate.

## HOW TO FILL OUT YOUR LOG SHEET(S)

Summary: Please take the following steps to ensure accurate data is listed on your log sheet (s).

### Patient ID & Data Entry Guidelines

Patient ID must follow this format: legal last name, legal first name, followed by a double underscore, then DOB (MM-DD-YY), and gender (M for male or F for female).

*Example: Paul Miller born September 3, 1956 → MILLER, PAUL\_\_09-03-56M*

### Procedure - Patient Presents for the exam

Ask the patient to spell their first and last name - ensure correct entry on both the log sheet and ultrasound machine.

Ask each patient to verify their DOB - ensure correct entry on both log and ultrasound machine.

Enter the provider's last name on the log sheet (or self-referral/physician name if applicable).

Enter your initials on the ultrasound machine.

Complete the exam and finish.

If the exam is performed without the correct patient ID, STOP, correct it, and restart the exam.

If an incorrect ID is discovered after the exam, make a note in the comments section of the log sheet.

### Pre-entry of Patient Information

At times, the sonographer may receive the patient list ahead of time. Ask the patient (see above) information at the time of their scan, as errors may occur in spelling, birthdate, or legibility. The sonographer is responsible for ensuring the entries on both the log sheet and ultrasound machine are accurate.

Although pre-filling the log sheet is allowed, the ultrasound machine data must be entered during the scan.

For patients who have transitioned or identify as male to female or female to male, it is crucial to use the sex assigned at birth for accurate exam readings. However, always show respect for the patient's preferred gender identity and address them according to their wishes.

At times, the sonographer may receive the patient list ahead of time. Ask the patient (see above) information at the time of their scan, as errors may occur in spelling, birthdate, or legibility. The sonographer is responsible for ensuring the entries on both the log sheet and ultrasound machine are accurate.

Although pre-filling the log sheet is allowed, the ultrasound machine data must be entered during the scan.

For patients who have transitioned or identify as male to female or female to male, it is crucial to use the sex assigned at birth for accurate exam readings. However, always show respect for the patient's preferred gender identity and address them according to their wishes.

### Entering Comments

Summary: Please include any comments that may be helpful to the home office and other readers. The following preset comments are available in the log:

**COMP/comp**

*Complimentary exams - i.e. staff and/or provider*

**CX/cx**

*Canceled appointments/patients*

**NS/no show**

*Patient no show*

**STAT / Expedite**

*Patients that need quick turnaround on report*

### Signing off your Office Log Sheet

A staff member from the practice must initial the log sheet at the end of the day to confirm its accuracy. Please ensure the initialed sheet is collected before leaving the office.

## HOW TO EMAIL YOUR FINALIZED LOG SHEET

Summary: Please take the following steps to submit your log sheet(s) for the day.

In the upper right hand corner of the log sheet, there are three buttons listed:

**A - Z**

This button will alphabetize your log sheet.

**EMAIL**

This button emails your log sheet directly to CardioRisk Log Sheets.

**RESET**

This button resets your log sheet to its original form.

*Please note: You will need to grant permission for the app to run in order for these buttons to function properly.*

Step 1 — Alphabetize your log sheet by selecting the "A - Z" button.

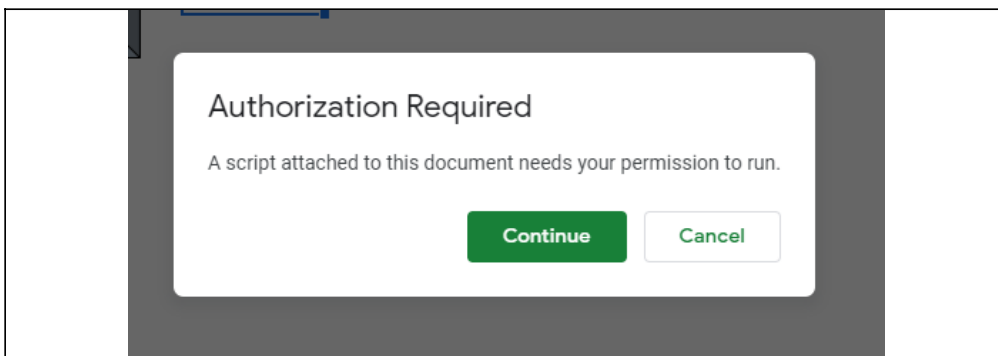
Step 2 — Email your log sheet by selecting the "EMAIL" button:

- A small window titled "Add Notes" will appear — please use this space to include any comments or details we should be aware of
- Select "OK"
- A small confirmation window will appear indicating that the email was sent successfully.

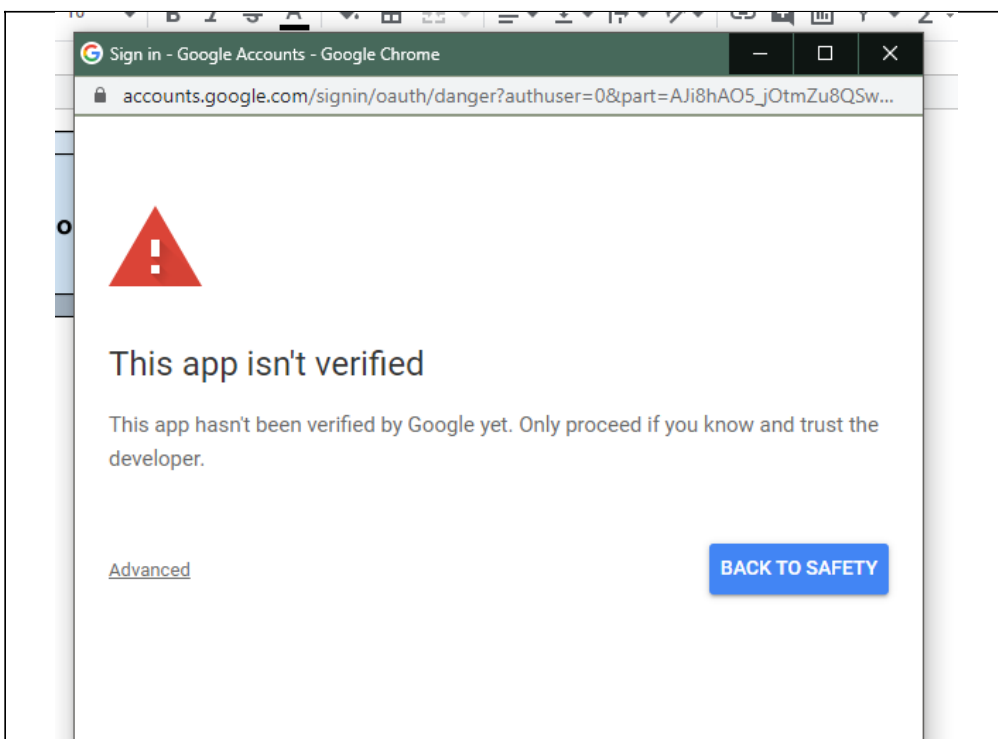
Step 3: Reset your log sheet for the next day.

### Granting Permission - Buttons

#### 1. Select "Continue"



#### 2. Select "Advanced"





**3. Select "Go to..."**

