



CardioRisk Laboratories

At the Heart of Good Health

jennifer SPERRY

Full Name of office representative

INITIAL
HERE



CARDIORISK PATIENT LOG SHEET

CURRENT TIME

07:32 PM Eastern Time

Time Slots 0:15

Start Time 12:00

A - Z

EMAIL

RESET

Date: Monday, November 17, 2025
Office: Whole Heart Family Medicine
Sonographer: Bob McDowell

TOTALS: 5 11 0 1 0 2

APPT. TIME	PATIENT ID (LAST,FIRST__MM-DD-YYM/F)	ORDERED EXAM(S)	REFERRING PROVIDER	P C R I M O T R	C I M T	D O P P L E R	F I M T	A B I	A A A	COMMENTS
1	12:00 PM	VICKERS,JESSE__03-23-85F	CIMT	CARDIORISK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	12:15 PM	HEALY,SHERRY__01-02-64F	AAA	Carey McNamara, PA-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES NPO
3	12:30 PM	GERBER,KIMBERLY__04-28-62F	CIMT	Hailey Wehner, PA-C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	12:45 PM	BRIGHT,BRANDIAL__07-13-84F	CIMT	Carey McNamara, PA-C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	1:00 PM	BRIGHT,BRANDIAL__07-13-84F	FIMT	Carey McNamara, PA-C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	1:15 PM	BRIGHT,BRANDIAL__07-13-84F	AAA	Carey McNamara, PA-C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	YES NPO
7	1:30 PM	TILLMAN,SAMUEL__08-09-79M	CIMT	Carey McNamara, PA-C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TDS
8	1:45 PM	SOVIERO,ALEJANDRA__08-01-75F	CIMT	DR. SALEEBY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	2:00 PM	NIKONOV,IVAN__02-20-81M	CIMT	Carey McNamara, PA-C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	2:15 PM	BRILES,ERICA__12-23-87F	CIMT	Carey McNamara, PA-C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	2:30 PM		OPEN							
12	2:45 PM	WILLIAMS,KAREN__11-02-72F	CIMT	Hailey Wehner, PA-C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	3:00 PM	SPANN,CHRISTOPHER__05-10-85M	CIMT	Carey McNamara, PA-C						NO-SHOW
14	3:15 PM		OPEN							
15	3:30 PM		OPEN							
16	3:45 PM		OPEN							
17	4:00 PM	ADAMS,LAUREL__07-25-51F	CIMT	Self Referral	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LNADAMS41@ICLOUD.COM
18	4:15 PM	DUPUY,ARTHUR__11-25-75M	CIMT	Carey McNamara, PA-C	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	4:30 PM	OSTERMAN,MARISA__06-03-71F	CIMT	Carey McNamara, PA-C	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	4:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	5:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	5:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	5:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	5:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	6:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	6:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	6:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	6:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	7:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	7:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	7:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	7:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	8:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	8:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	8:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	8:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	9:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	9:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	9:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	9:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	