

Date **Monday, February 19, 2024**
 Office **James Jacobs**
 Sonographer **Dana Johannesson, RVT**



CardioRisk Laboratories

At the Heart of Good Health

Enter Start Time Here **8:00 a**

Full Name **Kendra Denton**
 Representative of **James Jacobs**

Date Signed **2/19/2024**

Dana Johannesson, RVT
 CardioRisk Laboratories Vascular Sonographer, Certified in CIMT

Initial Here

#	Patient ID (LAST, FIRST, MI DD-YYM/FJM)	Ordered Exam (s)	Provider	Totals	19	23	3	0	0	0	0	0	0	Not Scanned CX / No Show	0	Comp Scans
#	Patient ID (LAST, FIRST, MI DD-YYM/FJM)	Ordered Exam (s)	Provider		PRIOR	CIMT	DOPPLER	AAA	FIMT	ABI						
24	ALLEN, MARY_06-22-54F	CIMT	James Jacobs, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
25	ALLEN, MICHAEL_04-20-54M	CIMT	James Jacobs, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1	BLALOCK, ALVIN_03-27-46M	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
8	BRYANT, RAYMOND_12-07-54M	CIMT	James Jacobs, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
22	CHAPMAN, DIANE_02-13-70F	CIMT	Martin Van Cleeff, MD		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						diff exam
30	CLARKSON, MICHELLE_08-24-67F	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
14	COX, JAMES_11-11-50M	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
7	DELGIORNO, JOHN_08-24-52M	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5	FARMER, KELLY_10-28-65M	CIMT	Martin Van Cleeff, MD		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						<50% but large plaque LCB
3	FERGUSON, CHRISTOPHER_02-18-53M	CIMT/ DOP	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						diff exam visually >50%
27	FISHER, JAMES_09-22-46M	CIMT	James Jacobs, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
29	GROGAN, SARA_04-14-67F	CIMT	Martin Van Cleeff, MD		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
32	LUCAS, JR, JAMES_09-13-51M	CIMT/ DOP	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						>50% visually
16	LUNCH	LUNCH			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
17	LUNCH	LUNCH			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
18	LUNCH	LUNCH			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
19	LUNCH	LUNCH			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
9	METROS, PETE_05-29-40M	CIMT/ DOP	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						diff exam, visually >50% Lside
31	METZGER, JUDITH_09-28-42F	CIMT	Martin Van Cleeff, MD		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2	MITCHELL, GERALD_09-06-48	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
15	PIZZA, KATHRYN_02-14-49F	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
6	POLLOCK, MARY_04-06-50F	CIMT	James Jacobs, MD		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
23	POSEY, CAY_12-31-46F	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
28	RUDOLPH, VIRGINIA_07-21-50F	CIMT	James Jacobs, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
11	SANDERS, JEFFERY_12-11-55M	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
21	SCHAFFER, GARY_07-24-45M	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
10	SPARK, GEOFFREY_04-18-47M	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
20	TUFFEY, LINDA_04-28-41F	CIMT	Martin Van Cleeff, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
26	WHITE, LU_08-26-60F	CIMT	James Jacobs, MD		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4		BREAK			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
12		BREAK			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
13		BREAK			<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"/>						
34					<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"/>						
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"/>						