

Patient Log Sheet



# CardioRisk Laboratories

At the Heart of Good Health

Date: *Nov 5 2015*  
 Facility: *IVY CREEK Dadeville*  
 Sonographer: *Billy Lane*

TIME IN:	OUT:
TIME IN:	OUT:

▼	Patient Name	Doctor	D.O.B.	M F	Prior Scan	IMT	DOPPLER	Comments
1	<i>Tinsley William</i>		<i>12-13-51</i>	<i>M</i>		<input checked="" type="checkbox"/>		<i>Black male</i>
2	<i>Tate, Clementine</i>		<i>2-18-46</i>	<i>F</i>		<input checked="" type="checkbox"/>	<i>full</i>	<i>Black female</i>
3	<i>Graham Gloria</i>		<i>7-30-40</i>	<i>F</i>		<input checked="" type="checkbox"/>		
4	<i>Gaye, Nancy</i>		<i>2-2-45</i>	<i>F</i>		<input checked="" type="checkbox"/>	<i>full</i>	
5	<i>Davis Sabrina</i>		<i>11-10-74</i>	<i>M</i>		<input checked="" type="checkbox"/>		
6	<i>Collier Cheryl</i>		<i>12-04-55</i>	<i>F</i>		<input checked="" type="checkbox"/>		<i>Dilatation in LICA</i>
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\* Signature of physician or representative is acknowledgement of responsibility to pay CardioRisk Laboratories, Inc., for all patients listed on this patient data sheet, according to agreement between the parties or in the event of an absence of a written agreement, as is customary and usual between the parties.

representative \_\_\_\_\_ Date \_\_\_\_\_

ologist \_\_\_\_\_ Date \_\_\_\_\_