

FAX COVER SHEET

TO

NAME: (Fax Recipient)

COMPANY:

FAX PHONE: 18018584512

FROM

NAME: Gordon, Lisa

COMPANY: Oldendorf Medical Services, PLLC
1365 Washington Ave, Ste 100
Albany, NY 12206-1098

VOICE PHONE: (518)-435-1300

FAX PHONE: (518)-435-1397

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SUBJECT:

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Patient Log Sheet



CardioRisk Laboratories

At the Heart of Good Health

Date: 09-18-15

Facility: OLDENDORF

Technologist: DANA JOHANNESSON

Fax - (801) 858-4512

TIME IN: 0800 OUT:
TIME IN: OUT:

Patient Name	Doctor	D.O.B.	M	Prior Scan	MT	DUP	INDO	3MM	4MM	5MM	Comments
MARTHY, PAUL	OLDEWINE	01-04-63	M	0	✓						
MITTLEMAN, GARY		02-03-53	M	0	✓						
HIRSCHENSON, MARC		10-28-48									NS
JOHNSTON, LORRAINE		09-24-44	F	0	✓						Bilat Cat
RENNICK, MICHAEL		09-12-51	M	✓	✓						
LAGIOS, JAMES		11-19-65	M	✓	✓						
BIONDO, JAMES		03-04-61	M	0	✓						
DE FARLO, ANTHONY		02-19-58	M	0	✓						
TRICOZZI, THOMAS		12-18-55	M	✓	✓						RICA, LUB-ICA Cat
COX, CHRISTOPHER		06-25-69	M	✓	✓						
SBARDELLA, LEO		03-10-37	M	✓	✓						
CROCETTA, GAIL		08-04-44	F	✓	✓	✓					
MASTROIANNI, PAUL		12-13-49	M	✓	✓	✓					
INWALD, ROBIN	✓	01-12-52	F	0	✓	✓					
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											

Signature of physician of representative is acknowledgement of responsibility to pay CardioRisk Laboratories, Inc., for all alerts 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: [Signature] Date: 09-18-15

DOPPLERS

DLBENDORF

Date 09/18/15

GROETTA, GAIL

DOB 08/04/44

RIGHT	CCA	71/20	ICA	55/14	VERT	69/20	A/R	20	STENOSIS	Y/N
LEFT	CCA	71/20	ICA	55/14	VERT	69/20	A/R	20	STENOSIS	Y/N

INWALB, ROBIN

DOB 01/12/52

RIGHT	CCA	69/20	ICA	51/13	VERT	41/20	A/R	20	STENOSIS	Y/N
LEFT	CCA	72/18	ICA	67/14	VERT	42/20	A/R	20	STENOSIS	Y/N

MASTROIANNI, PAUL

DOB 12/13/49

RIGHT	CCA	64/21	ICA	52/14	VERT	43/20	A/R	20	STENOSIS	Y/N
LEFT	CCA	99/30	ICA	72/22	VERT	39/20	A/R	20	STENOSIS	Y/N

RIGHT	CCA	/	ICA	/	VERT	/	A/R	/	STENOSIS	Y/N
LEFT	CCA	/	ICA	/	VERT	/	A/R	/	STENOSIS	Y/N

RIGHT	CCA	/	ICA	/	VERT	/	A/R	/	STENOSIS	Y/N
LEFT	CCA	/	ICA	/	VERT	/	A/R	/	STENOSIS	Y/N

RIGHT	CCA	/	ICA	/	VERT	/	A/R	/	STENOSIS	Y/N
LEFT	CCA	/	ICA	/	VERT	/	A/R	/	STENOSIS	Y/N

RIGHT	CCA	/	ICA	/	VERT	/	A/R	/	STENOSIS	Y/N
LEFT	CCA	/	ICA	/	VERT	/	A/R	/	STENOSIS	Y/N