

1 Ctrl + Alt + Shift + 2 3

Date **Wednesday, January 7, 2026**

Location **CardioRisk Laboratories - Sandy**

Sonographer **Diane Nielson**

Sonographer has completed their input

Current Time **9:47: a**

Appt. Slots hh:mm **2:00**

Enter Start hh:mm

Patient Count **4**

Exam Totals **2** **4** **0** **0**



| # | Scheduled Appointment | Patient ID LAST,FIRST__MM-DD-YY(M/F) | Exam(s) Ordered | Referring Provider | P R I O R | C I M T | A A A | F I M T | Report Delivery | Phone (ENTER 10 DIGITS) | Comments |
|----|-----------------------|-----------------------------------------|-----------------|--------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------|-------------------------------|------------------------|
| 1 | 1:00PM | ANDERSEN,JENI__02-18-72 F | CIMT | Self Referral | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 2 | 1:00PM | RAWLINGS, KAREN__05-29-61 F | CIMT | Self Referral | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3 | 2:30PM | CHENEY, SHAWN__03/02/74 F | CIMT | Self Referral | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 4 | 2:30PM | ANDERSEN, PAUL__09/01/70 M | CIMT | Self Referral | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | Double Check for Proir |
| 5 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 6 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 7 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
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| 33 | | | | | <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"/> | | | |
| 35 | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |