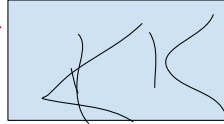


CURRENT TIME

02:45 PM Eastern Time

Time Slots 0:15

Start Time 8:30

 INITIAL
HERE


A - Z

EMAIL

RESET

TOTALS: 12 22 0 0 0 0

APPT. TIME	PATIENT ID (LAST, FIRST __MM-DD-YYM/F)	ORDERED EXAM(S)	REFERRING PROVIDER	P C R I M I M O T O R	C I M T	D O P P L E R	F I M T	A B I	A A A	COMMENTS
21	8:30 AM	ARFUSO,CARMELO__06-01-59M	CIMT	Jason Sayanlar, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	8:45 AM	BAROAN,MARCY__08-08-74	CIMT	Nathaniel Lebowitz, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	9:00 AM	CLAISSE,STEVEN__01/19/59M	CIMT	Nathaniel Lebowitz, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	9:15 AM	DAVIS,GEORGEEARL__04-17-52M	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	9:30 AM	DAVIS,KEITH__07-04-68M	CIMT	Nathaniel Lebowitz, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	9:45 AM	DEVEAUX,ROBERT__08-20-65M	CIMT	Nathaniel Lebowitz, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	10:00 AM	DOMINGUEZ,ELIZABETH__12-08-76F	CIMT	Anna Lisa Pastore, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	10:15 AM	FERRARI,SUSAN__06-24-64F	CIMT	Jason Sayanlar, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	10:30 AM	HENICK,DAVID__10-13-61M	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	10:45 AM	KASSAI,LYNN__02-07-72F	CIMT	Mohammed Gibreal, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	11:00 AM	KINDLER,YACOV__09-09-62M	CIMT	Nathaniel Lebowitz, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	11:15 AM	LADMAN,GARY__07-26-52M	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	11:30 AM	LADMAN,LILLIAN__08-03-55F	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	11:45 AM	MAYER,DENISE__04-23-75F	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	12:00 PM	METAJ,ERIC__06-01-78M	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	12:15 PM	OHANISSIAN,NANCY__04-12-69F	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	12:30 PM	PECKLER,ADRIENNE__05-19-53F	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	12:45 PM	PECKLER,RICHARD__03-20-51M	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	1:00 PM	PENTA-VOLPE,TINA__02-21-59F	CIMT	Mohammed Gibreal, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	1:15 PM	PICARILLO,PATRICIA__05-07-53F	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	1:30 PM	SENSOZ,GOKSIN__03-03-74M	CIMT	Jason Sayanlar, MD						CX
3	1:45 PM	SINGER,JULIE__03-05-94F	CIMT	Nathaniel Lebowitz, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	2:00 PM	STEWART,SHAWN__03-21-79M	CIMT	Jason Sayanlar, MD						CX
26	2:15 PM	THALLY,RICHARD__06-07-72M	CIMT	Jason Sayanlar, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	2:30 PM	WEBBER,JANINA__08-19-49F	CIMT	Nathaniel Lebowitz, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	2:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	3:00 PM		LUNCH							
15	3:15 PM		LUNCH							
16	3:30 PM		LUNCH							
17	3:45 PM		LUNCH							
31	4:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	4:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	4:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	4:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	5:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	5:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	5:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	5:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	6:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	6:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	