



CardioRisk Laboratories

At the Heart of Good Health

Full Name of office representative

INITIAL
HERE

Date: 02-12-26

Office: Dr. Jacobsen

Sonographer: Sheri Bono-Striegel

CARDIORISK PATIENT LOG SHEET

CURRENT TIME

05:18 PM Pacific Time

Time Slots 0:15

Start Time 8:30

A - Z

EMAIL

RESET

TOTALS: 16 22 0 0 0 0

APPT. TIME	PATIENT ID (LAST, FIRST __MM-DD-YYM/F)	ORDERED EXAM(S)	REFERRING PROVIDER	PC R 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	
10	8:30 AM	BURGESS, EVETTE __12-31-67F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	8:45 AM	DICKINSON, MARTY __11-27-69M	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	9:00 AM	GILBERTSON, BARBARA __10-16-54F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	9:15 AM	GILBERTSON, KEITH __05-15-48M	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	9:30 AM	HANNAN, GREG __09-26-63M	CIMT	Dr. Henbest, MD.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	9:45 AM	HAUG, SHARON __11-08-46F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	10:00 AM	HIGBEE, BRENT __10-27-71M	CIMT	Dr. Henbest, MD.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	10:15 AM	HISLOP, WILLIAM __06-05-70M	CIMT	Dr. Henbest, MD.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	10:30 AM	HURD, DEBORAH __10-06-59F	CIMT	Cher Jacobsen, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	10:45 AM	JACOBSEN, JAMES __07-31-70M	CIMT	James Bailey, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dr. Jacobsen's husband please comp
22	11:00 AM	MERCK, TIMOTHY __07-09-54M	CIMT	Cher Jacobsen, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	11:15 AM	NEHER, KATHLEEN __02-21-48F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	11:30 AM	NEHER, MICHAEL __02-25-52M	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	11:45 AM	O'BRIEN, SUSAN __06-25-68F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	12:00 PM	REYNOLDS, TERESA __05-19-54F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1	12:15 PM	ROOTS, NOELLA __11-01-57F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIMITED SCAN DUE TO PATIENT NOT BEING ABLE TO POSITION HEAD
4	12:30 PM	SIEBERT, PATRICIA __10-12-49F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	12:45 PM	STEGMANN, MICHAEL __03-20-60M	CIMT	Cher Jacobsen, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PT UNSURE IF HE HAS HAD EXAM PREVIOUSLY.
19	1:00 PM	STEPHENS, ANNE __10-10-54F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LIMITED VIEWS/DIVING VESSELS
2	1:15 PM	SWICK, TRAVIS __06-01-74M	CIMT	James Bailey, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	1:30 PM	WATERS, TRACY __08-10-64F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	1:45 PM	WHITE, DAWN __10-02-59F	CIMT	Cher Jacobsen, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	2:00 PM		OPEN							
15	2:15 PM		LUNCH							
16	2:30 PM		LUNCH							
17	2:45 PM		LUNCH							
18	3:00 PM		LUNCH							
28	3:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	3:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	3:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	