



Full Name of office representative

INITIAL
HERE

Date: Saturday, April 25, 2026

Office: Drs. Borders & Hood

Sonographer: Laura Bale

CARDIORISK PATIENT LOG SHEET	
CURRENT TIME	
09:57 PM	Eastern Time
Time Slots	0:15
Start Time	9:00

A - Z

EMAIL

RESET

TOTALS: 18 23 0 0 0 0

APPT. TIME	PATIENT ID (LAST,FIRST_MM-DD-YYM/F)	ORDERED EXAM(S)	REFERRING PROVIDER	P C I M T	D O P P L E R	F I M T	A B I	A A A	COMMENTS	
										18
1	9:00 AM	BLOOM,CLARIA__03-25-69f	CIMT	John Borders, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THICKENED WALL/SOFT PLAQUE BILAT BULB/ICA
2	9:15 AM	GAIENNIE,JARED__0925-69M	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLAQUE LT ICA
3	9:30 AM	BELL,JOSEPH__09-10-71M	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THICK LT ICA
4	9:45 AM	HEATHMAN,LYDIA__02-28-48F	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLAQUES BILAT LT>RT
5	10:00 AM	WELCH,TERESA__04-08-53F	CIMT	John Borders, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	10:15 AM	MILLET,RAPLH__07-02-56M	CIMT	John Borders, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TINY CALCS BILAT
7	10:30 AM	LEVINE,ROBERT__11-08-60M	CIMT	John Borders, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THICK RT BULB/ICA
8	10:45 AM	TWEED,DEBRA__07-21-53F	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THICK BULBS
9	11:00 AM	KUZMA,GREGORY__04-08-84M	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLAQUE LT BULB
10	11:15 AM	TANARA,CHARLOTTE__04-08-53F	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THICK LEFT
11	11:30 AM	TANARA,JAMES__03-07-42M	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BILAT CALCIFIED PLAQUES
12	11:45 AM	TYSON,REX__09-10-70M	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TINY PLAQUE LT BULB
13	12:00 PM	PORTER,THOMAS__08-22-60M	CIMT	Self Referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SMALL PLAQUE
14	12:15 PM	COWLEY,JAMES__10-14-56M	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLAQUE BILAT THROUGHOUT
15	12:30 PM	WILDASIN,KATHLEEN__05-07-50F	CIMT	John Borders, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TINY PLAQUE RT, THICK LT
16	12:45 PM	WILDASIN,DAVID__12-02-50M	CIMT	John Borders, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RT PLAQUE BULB, SOFT PLAQUE LT CCA
17	1:00 PM	VALENTINE, CARL__07-24-56M	CIMT	Self Referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOFT PLAQUE RT BULB, CALCS THROUGHOUT. ? SHADOW
18	1:15 PM	NOSS,JOAN__11-13-56F	CIMT	Gregory Hood, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BIL BULB RT>LT
19	1:30 PM	RARDIN,STEPHEN__02-08-70M	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THICKENED BULB
20	1:45 PM	MACNEIL,STEVEN__05-02-57M	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THICK WALLS WITH CALCS BILAT
21	2:00 PM	DICKSON,ROBERT__05-01-68M	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLAQUES BILAT
22	2:15 PM	BROCK,DAVID__05-05-58M	CIMT	Gregory Hood, MD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TINY PLAQUES BILAT ICA'S
23	2:30 PM	HARR,MICHAEL__05-15-92M	CIMT	Gregory Hood, MD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THICKENED RT BULB
24	2:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	3:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26	3:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	3:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	3:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	4:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	4:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	4:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	4:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	5:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	5:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	5:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	5:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	6:00 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38	6:15 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39	6:30 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40	6:45 PM				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INSTRUCTIONS

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HOW TO NAVIGATE THE LOG SHEET TABS

Summary: There are a few tabs that contain your CardioRisk Log Sheets. Below is information on how they work and what they're for.

The "**Office Log Sheet**" serves as the primary record for our clients—such as physician offices, spas, and similar establishments. It is essential to document every patient and their information accurately.

The "**Screening Event Log 1**" is your primary log sheet for screening events. Our home office team will complete this form for you ahead of time. Please continue to verify each patient's information directly with them during the event.

In most cases, this is the only log sheet you'll need. However, if the event spans multiple days, this sheet is designated for **Day 1**.

The "**Screening Event Log 2**" is only used when a screening event takes place over two consecutive days. Like Log 1, it will be pre-filled by our home office team before the event.

If your event does extend into a second day, please use this sheet specifically for **Day 2** and continue to confirm all patient information directly with them.

The "**Instructions**" tab is your reference for how log sheets should operate.

HOW TO FILL OUT YOUR LOG SHEET(S)

Summary: Please take the following steps to ensure accurate data is listed on your log sheet (s).

Patient ID & Data Entry Guidelines

Patient ID must follow this format: legal last name, legal first name, followed by a double underscore, then DOB (MM-DD-YY), and gender (M for male or F for female).

Example: Paul Miller born September 3, 1956 → MILLER, PAUL__09-03-56M

Procedure - Patient Presents for the exam

Ask the patient to spell their first and last name - ensure correct entry on both the log sheet and ultrasound machine.

Ask each patient to verify their DOB - ensure correct entry on both log and ultrasound machine.

Enter the provider's last name on the log sheet (or self-referral/physician name if applicable).

Enter your initials on the ultrasound machine.

Complete the exam and finish.

If the exam is performed without the correct patient ID, STOP, correct it, and restart the exam.

If an incorrect ID is discovered after the exam, make a note in the comments section of the log sheet.

Pre-entry of Patient Information

At times, the sonographer may receive the patient list ahead of time. Ask the patient (see above) information at the time of their scan, as errors may occur in spelling, birthdate, or legibility. The sonographer is responsible for ensuring the entries on both the log sheet and ultrasound machine are accurate.

Although pre-filling the log sheet is allowed, the ultrasound machine data must be entered during the scan.

For patients who have transitioned or identify as male to female or female to male, it is crucial to use the sex assigned at birth for accurate exam readings. However, always show respect for the patient's preferred gender identity and address them according to their wishes.

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Entering Comments

Summary: Please include any comments that may be helpful to the home office and other readers. The following preset comments are available in the log:

COMP/comp

Complimentary exams - i.e. staff and/or provider

CX/cx

Canceled appointments/patients

NS/no show

Patient no show

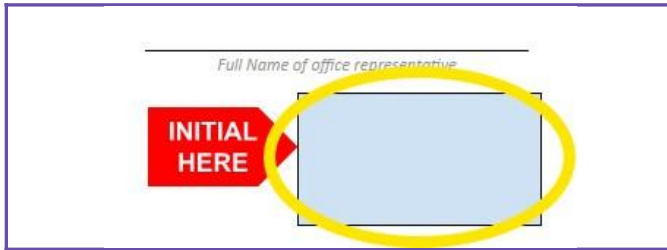
STAT / Expedite

Patients that need quick turnaround on report

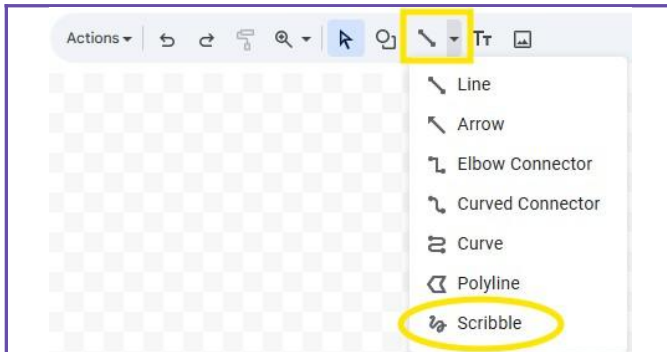
Signing off your Office Log Sheet

A staff member from the practice must initial the log sheet at the end of the day to confirm its accuracy. Please ensure the initialed sheet is collected before leaving the office.

Step 1 — Double Click on the blue initial box. *See image below.*

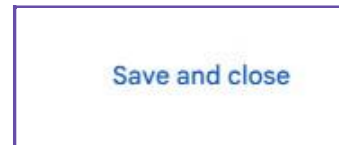


Step 2 — Hover over the menu option 'Line' and select 'Scribble'. *See image below.*



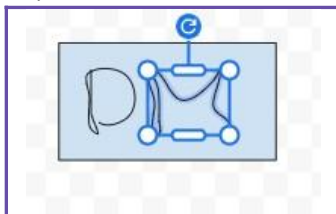
Step 3 — Using the 'Scribble' functional, have office staff initial within the blue box. *See image below.*

Step 3a — Hit 'Save and close'

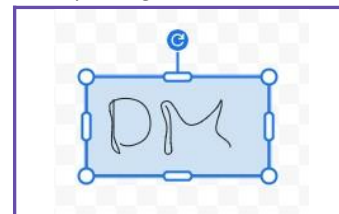


Step 4 — After submitting the log sheet and performing the usual reset, you'll need to manually clear the initial box. *See the images below.*

Select the individual initial(s) and delete them using the Backspace key.



Do not select the entire box, as this will remove the initial box from your log sheet.



HOW TO EMAIL YOUR FINALIZED LOG SHEET

Summary: Please take the following steps to submit your log sheet(s) for the day.

In the upper right hand corner of the log sheet, there are three buttons listed:

A - Z

This button will alphabetize your log sheet.

EMAIL

This button emails your log sheet directly to CardioRisk Log Sheets.

RESET

This button resets your log sheet to it's original form.

Please note: You will need to grant permission for the app to run in order for these buttons to function properly.

Step 1 — Alphabetize your log sheet by selecting the "A - Z" button.

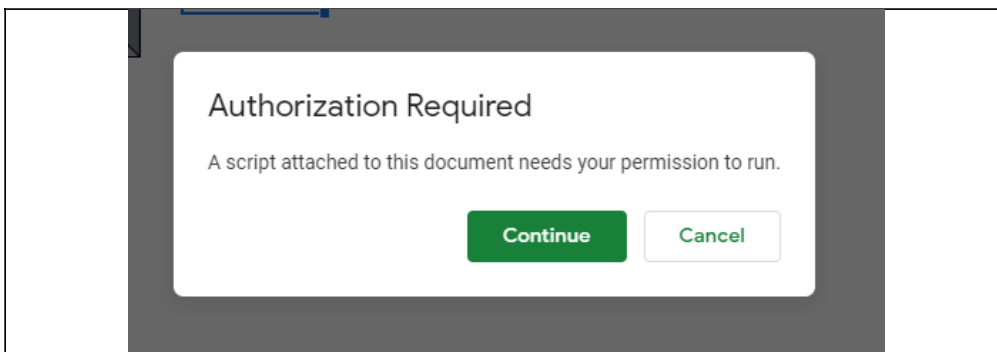
Step 2 — Email your log sheet by selecting the "EMAIL" button:

- A small window titled "Add Notes" will appear — please use this space to include any comments or details we should be aware of
- Select "OK"
- A small confirmation window will appear indicating that the email was sent successfully.

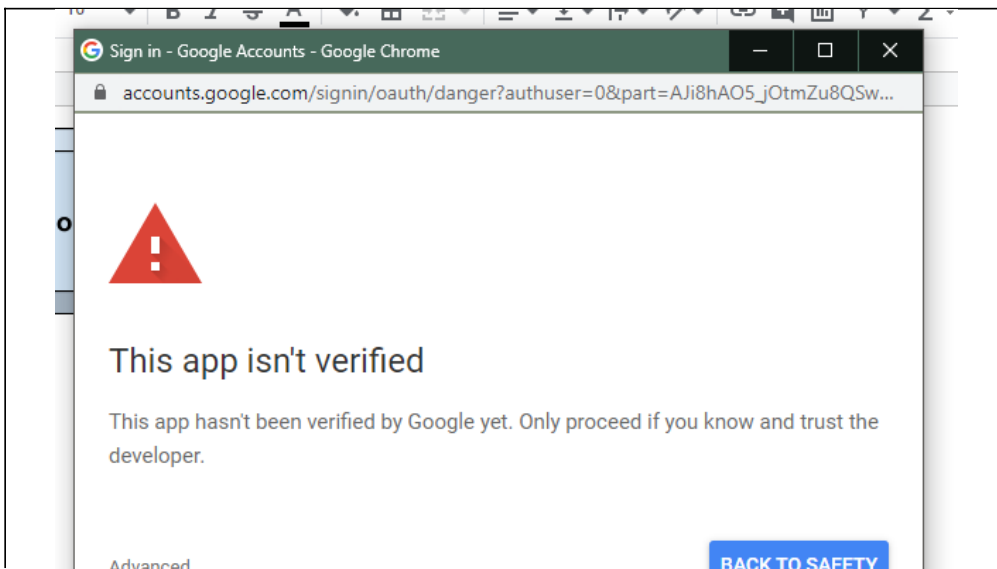
Step 3: Reset your log sheet for the next day.

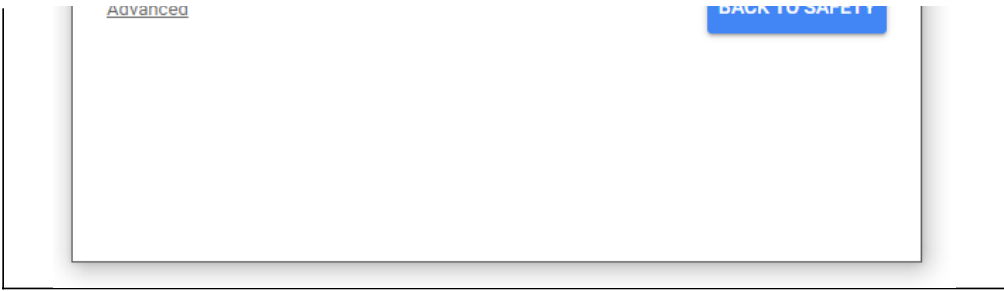
Granting Permission - Buttons

1. Select "Continue"



2. Select "Advanced"





3. Select "Go to..."

