



Integrity – Thoughtfulness – Passion – Excellence

# NEW CONSULT AND TESTING ORDER FORM

(This does not replace an insurance referral form)

**New Patient Referral: Phone: (480) 654-7121 / Fax: (480) 396-1571**

**Provider Referral: Phone: (480) 396-1585 / Fax: (480) 325-1390**

**Patient Line: (480) 641-5400**

## Patient Information:

Name: _____	DOB (MM/DD/YYYY): _____
Tel: _____	Cell: _____
Diagnosis (Required): _____	Authorization #: _____ (Please obtain if patient's insurance requires)

## Referring Provider Information:

Ordering Physician/Provider: _____	Contact Person: _____
Phone: _____	Fax: _____

## Requested Physician:

- |                                                   |                                                          |
|---------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Alphonse M. Ambrosia, DO | <input type="checkbox"/> Andrew J. Kaplan, MD            |
| <input type="checkbox"/> David M. Bell, DO        | <input type="checkbox"/> Panagiotis Th. Panotopoulos, MD |
| <input type="checkbox"/> Amy E. Daliman, DO       | <input type="checkbox"/> Victor Sein, DO                 |
| <input type="checkbox"/> Santosh Desai, DO        | <input type="checkbox"/> Z. David Skloven, MD            |
| <input type="checkbox"/> Alan M. Grossman, MD     | <input type="checkbox"/> Suzanne A. Sorof, MD            |
| <input type="checkbox"/> No Preference            |                                                          |

## Our Locations:

6116 E. Arbor Ave., Ste. 112  
Mesa, AZ 85206

2730 S. Val Vista Dr., Bldg. 8N, Ste. 140  
Gilbert, AZ 85295

2799 W. Elliot Rd., Bldg. 5, Ste. 112  
Chandler, AZ 85224

37100 N. Gantzel Rd., Ste. 202  
Queen Creek, AZ 85140

## CONSULTATION:

- Pre-Operative Evaluation
- New Patient Consultation (our doctor may determine appropriate follow up testing)
- Pilot Consultation

## TESTING ONLY:

***Please check if insurance requires you to obtain an authorization with CPT codes listed below.***

<input type="checkbox"/> 24 Hour Holter Monitor (93224) <input type="checkbox"/> ABI with Segmentals (93923) <input type="checkbox"/> Aortic Duplex (93978) <input type="checkbox"/> At Home Sleep Study (95800) <input type="checkbox"/> Bubble Study (93306) <input type="checkbox"/> Carotid Ultrasound (93880) <input type="checkbox"/> Echocardiogram (93306) <input type="checkbox"/> Lower Extremity Arterial Bilateral Ultrasound (93925) <input type="checkbox"/> Renal Ultrasound (93975 or 93976) <input type="checkbox"/> Upper Extremity Arterial Bilateral Ultrasound (93930) <input type="checkbox"/> Venous Bilateral Extremity Ultrasound (93970) <input type="checkbox"/> Venous Reflux Study (93970) <input type="checkbox"/> Wireless Telemetry (93228 & 93229)	<p style="text-align: center;"><b>These tests have a 350-pound maximum weight limit</b></p> <input type="checkbox"/> Pharmacological (Lexiscan) Nuclear Stress Test (78452, A9500X2, J2785X4, & 93015) <input type="checkbox"/> Exercise Nuclear Stress Test (78452, A9500X2, & 93015) <input type="checkbox"/> Cardiac PET Scan (Cardiac Mobile Imaging Inc. obtains authorization)
	<p style="text-align: center;"><b>These tests are up to a 450-pounds</b></p> <input type="checkbox"/> ABI with Exercise (93924) <input type="checkbox"/> Dobutamine Stress Echocardiogram (93351 & J1250) <input type="checkbox"/> Exercise Treadmill Stress Test (93015) <input type="checkbox"/> Stress Echocardiogram (93351)

## Please be sure to attach the following:

- Patient Demographics
- Copy of Insurance Card
- Insurance Referral
- Progress Notes
- Blood Work and EKG (if available)
- Written Physician Order/Signed Rx (if not sending in this form)

## Physician Signature (Required for Testing)

Signature: \_\_\_\_\_