



STAT Same Day STAT within 24 Hours Next Available 1 Week

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) 218-4353

Patient Line: (480) 641-5400

Patient Information:

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

Requested Physician:

- | | |
|---|---|
| <input type="checkbox"/> Alphonse M. Ambrosia, DO | <input type="checkbox"/> Ambrose F. Panico, DO |
| <input type="checkbox"/> David M. Bell, DO | <input type="checkbox"/> Andrew Williams, MD |
| <input type="checkbox"/> Amy E. Daliman, DO | <input type="checkbox"/> Muhanad Al-Zubaidi, MD |
| <input type="checkbox"/> Santosh Desai, DO | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> Alan M. Grossman, MD | |

Our Locations:

6309 E Baywood Ave Ste 101
Mesa, AZ 85206

3367 S Mercy Rd Ste 201
Gilbert, AZ 85295

37200 N. Gantzel Rd., Ste. 350
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"/> 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>These tests have a 350-pound maximum weight limit</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>These tests are up to a 450-pounds</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:

- | | |
|--|--|
| <input type="checkbox"/> Patient Demographics | <input type="checkbox"/> Copy of Insurance Card |
| <input type="checkbox"/> Insurance Referral | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Blood Work and EKG (if available) | <input type="checkbox"/> Written Physician Order/Signed Rx (if not sending in this form) |

Referring Provider Information:

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