



New Consult & Testing Order Form

P: 480-654-7121
F (480)396-1571
E np@cvam.com

STAT within 24 hours Next Available

- 6309 E Baywood Ave, Ste 101, Mesa, AZ 85206
- 3367 S Mercy Rd, Ste 201, Gilbert, AZ 85297
- 4838 E Baseline Rd, Ste 105, Mesa, AZ 85206
- 37200 N Gantzel Rd, Ste 350, Queen Creek, AZ 85140

Patient Information

Name: _____ DOB MM/DD/YYYY: _____
 Phone: _____ Authorization # (if required): _____
 Diagnosis (Required): _____

Requested Physician

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

Consultation

<input type="checkbox"/> New Patient Cardiovascular Consultation	<input type="checkbox"/> Structural Heart Consultation
<input type="checkbox"/> Pre-Operative Evaluation	<input type="checkbox"/> Electrophysiology Consultation
<input type="checkbox"/> Vascular Consultation	

Testing ONLY

<input type="checkbox"/> Holter Monitor (93241)	<input type="checkbox"/> Wireless Telemetry (93228, 93229)
<input type="checkbox"/> ABI with Segmentals (93923)	<input type="checkbox"/> Pharmacological (Lexiscan) Nuclear Stress Test (78452, A9502X2, J2785X4, & 93015)
<input type="checkbox"/> Aortic Duplex (93978)	<input type="checkbox"/> Exercise Stress Test (78452, A9502x2, & 93015)
<input type="checkbox"/> Bubble Study (93306)	<input type="checkbox"/> Cardiac PET Scan (78431, A9555 x2, 93015, J2785 x4)
<input type="checkbox"/> Carotid Ultrasound (93880)	<input type="checkbox"/> ABI with Exercise (93924)
<input type="checkbox"/> Echocardiogram (93306)	<input type="checkbox"/> Dobutamine Stress Echocardiogram (93351, J1250)
<input type="checkbox"/> Lower Extremity Arterial Bilateral Ultrasound (93925)	<input type="checkbox"/> Exercise Treadmill Stress Test (93015)
<input type="checkbox"/> Renal Ultrasound (93975 or 93976)	<input type="checkbox"/> Stress Echocardiogram (93351)
<input type="checkbox"/> Upper Extremity Arterial Ultrasound (93930)	
<input type="checkbox"/> Venus Reflux Study (93970)	

Referring Provider Information

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

***PLEASE ATTACH THE FOLLOWING* (Incase authorization from insurance is needed)**

Patient Demographics Copy of Insurance Card Blood Work & EKG Insurance Referral
 Progress Note Written Physician Order/Signed RX (if not sending this form)