New Consult & Testing Order Form

New Patients:
P: 480-654-7121
F: 480-396-1571

☐ **STAT** within 24 hours ☐ Next Available

☐ 6309 E Baywood Ave, Ste 101, Mesa, AZ 85206 ☐ 3367 S Mercy Rd, Ste 201, Gilbert, AZ 85297
☐ 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

☐ Alphonse M. Ambrosia, DO
☐ Ambrose F. Panico, DO (EP)
☐ Amy E. Daliman, DO
☐ David M. Bell, DO
☐ Santosh Desai, DO
☐ Alan M. Grossman, MD
☐ Andrew Williams, MD
☐ Faraj Kargoli, MD, MPH
☐ Faraj Kargoli, MD, MPH
☐ Varun Tandon, MD
☐ Rachel L. Debenham, MD
☐ No Preference

Consultation

☐ New Patient Cardiovascular Consultation
☐ Pre-Operative Evaluation
☐ Vascular Consultation
☐ Structural Heart Consultation
☐ Electrophysiology Consultation
☐ Cardiac Clearance

Testing ONLY

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

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)