Joseph Caplan, MD, FACC
Gabor Jilly, MD, FACC
Vishal Patel, MD, FACC
Manoj Rawal, MD, FACC
Christopher Mackey, DO
Jesse Sethi, MD, FACC, EP
Jeffrey Greenberg, MD, FACC
Anthony E. Sandoval, MD, FACC

Pranav Patel, DO
Patrick Quinn, DO
Murli Raman, MD, FACC
Fredric Klopf, MD, FACC
Rajeev Garg, MD, FACP, FSCAI
Rajkumar Sugumaran, MD
Marc Kates, DO, FACC
Paul D. Haas, MD

CARDIAC SOLUTIONS

Talavi Corporate Center
5651 Talavi Blvd #160 • Glendale

Del Webb Medical Bldg. A
14420 W. Meeker Blvd. #305 • Sun City West

Plaza Del Rio
13128 N. 94th Dr. #100 • Peoria

Rancho Santa Fe Medical Center
13065 W. McDowell Rd. #C-105 • Avondale

Phone: 623.876.8816 **Scheduling Fax: 623.933.6739**

Please fax the completed request form to our office and we will contact your patient to schedule an appointment. For urgent requests, phone our office. Inform the operator you are calling from a physician's office to schedule cardiac testing. You will then be transferred to the scheduling desk.

Patient Information

Patient Name_____D.O.B._____

Patient Phone_____ Insurance_____

Requesting Physician_____(please print)

GENERAL CARDIOLOGY TESTING

Please Indicate Appropriate Diagnosis for Each Test

CARDIAC CONSULTATION

☐ New Patient Consult
Diagnosis:_____

☐ Surgical Clearance
_____

☐ New Patient Consult with Testing
Diagnosis: _____

☐ Testing Only
Diagnosis: _____

ELECTROPHYSIOLOGY CONSULTATION

☐ New Patient Consult
Diagnosis: _____

☐ Atrial Fibrillation Ablation Consult
Diagnosis: _____

ULTRASOUND

☐ Echocardogram
Diagnosis Murmur, Artrial Fibrillation, Valve Regurgitation, Coronary Artery Disease, Hypertension, Cardiomyopathy, CHF,
Other: _____

☐ Abdominal Aorta (must be fasting for four hours)
Diagnosis AAA, Atherosclerosis, Other: _____

☐ Carotid Doppler
Diagnosis Bruit, Syncope, Dizziness, Other: _____

☐ Venous Doppler
Diagnosis Edema, Pain, DVT, Other: _____

☐ Arterial Doppler
Diagnosis: _____

Patient Information

Patient Name_____D.O.B._____

Patient Phone_____ Insurance_____

Requesting Physician_____(please print)

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Please Indicate Appropriate Diagnosis for Each Test

VENOUS INSUFFICIENCY CONSULTATION

❑ New Patient Consult

Diagnosis: _____

NUCLEAR TESTING

Patient Weight (required for scheduling)_____

Ordering Physician Signature_____

❑ Myoview Stress Test

Diagnosis (Chest Pain, Abnormal ECG, Shortness of Breath, S/P, PTCA/CABG, Coronary Artery Disease, Atrial Fibrillation, Syncope, Arrhythmia, Other) _____

❑ Persantine Myoview (Chemical Stress Test)

Diagnosis (Chest Pain, Abnormal ECG, Shortness of Breath, S/P, PTCA/CABG, Coronary Artery Disease, Atrial Fibrillation, Syncope, Arrhythmia, Other) _____

❑ MUGA Scan

Diagnosis (Cardiomegaly, Cardiomyopathy, CHF, Other) _____

CARDIOLOGY TESTING

❑ Treadmill Stress Test

Diagnosis (Chest Pain, Arrhythmia, Heart Failure, Palpitations, Syncope, Angina, Other) _____

❑ 24/Hour Holter Monitor

Diagnosis: (Chest Pain, Arrhythmia, Dizzy/Lightheaded, Palpitations, Syncope, Other) _____

❑ Pacemaker Evaluation

Diagnosis: (Chest Pain, Arrhythmia, Heart Failure, Palpitations, Syncope, Angina, Other) _____

❑ Resting EKG

Diagnosis: (Chest Pain, Arrhythmia, Heart Failure, Palpitations, Syncope, Angina, Other)_____

❑ Event Recorder

Diagnosis: (Arrhythmia, Dizzy/Lightheaded, Heart Failure, Palpitations, Syncope, Angina, Other)_____

❑ Enhanced External Counter Pulsation Therapy (EECP)

Diagnosis: _____