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 13128 N. 94th Dr. #100
 Peoria, AZ 85381

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 14420 W. Meeker Blvd. #A-305
 Sun City West, AZ 85375

WEST 101 GATEWAY
 9520 West Palm Lane #150
 Phoenix, AZ 85037

TALAVI CORPORATE CENTER
 5651 Talavi Blvd #160
 Glendale, AZ 85306

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

| | |
|---|---|
| <input type="checkbox"/> New Patient Consult Diagnosis: _____ | <input type="checkbox"/> Surgical Clearance _____ |
| <input type="checkbox"/> New Patient Consult with Testing Diagnosis: _____ | <input type="checkbox"/> Testing Only Diagnosis: _____ |

ELECTROPHYSIOLOGY CONSULTATION

| | |
|--|---|
| <input type="checkbox"/> New Patient Consult Diagnosis: _____ | <input type="checkbox"/> Atrial Fibrillation Ablation Consult Diagnosis: _____ |
|--|---|

ULTRASOUND

| | |
|--|---|
| <input type="checkbox"/> Echocardiogram Diagnosis Murmur, Artrial Fibrillation, Valve Regurgitation, Coronary Artery Disease, Hypertension, Cardiomyopathy, CHF, Other: _____ | <input type="checkbox"/> Carotid Doppler Diagnosis Bruit, Syncope, Dizziness, Other: _____ |
| <input type="checkbox"/> Abdominal Aorta (must be fasting for four hours) Diagnosis AAA, Atherosclerosis, Other: _____ | <input type="checkbox"/> Venous Doppler Diagnosis Edema, Pain, DVT, Other: _____ |
| | <input type="checkbox"/> 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

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) _____

Patient Weight (required for scheduling) _____

Ordering Physician Signature _____

MUGA Scan

Diagnosis (Cardiomegaly, Cardiomyopathy, CHF, Other) _____

CARDIOLOGY TESTING

Treadmill Stress Test

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

Resting EKG

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

24/Hour Holter Monitor

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

Event Recorder

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

Pacemaker Evaluation

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

Enhanced External Counter Pulsation Therapy (EECP)

Diagnosis: _____