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SCHEDULING@CARDIACSOLUTIONS.NET

DIRECT MESSAGE: CARDIACSOLUTIONS@157.DIRECT.EZ.ACCESS.COM

PLEASE FAX THE COMPLETED REQUEST FORM TO OUR OFFICE AND WE WILL CONTACT YOUR PATIENT TO SCHEDULE AN APPOINTMENT. FOR URGENT REQUESTS CALL OUR OFFICE.

PATIENT INFORMATION

NAME: _____

INSURANCE: _____

PHONE: _____

REFERRING PROVIDER: _____

D.O.B: _____

PLEASE INDICATE APPROPRIATE DIAGNOSIS FOR EACH

Cardiac Consultation

Vascular Consultation

[] New Patient Consult
DIAGNOSIS: _____

[] New Patient Consult
DIAGNOSIS: _____

[] EP Consult
DIAGNOSIS: _____

ULTRASOUND TESTING ONLY

[] Echocardiogram
DIAGNOSIS: _____

[] Abdominal Aorta (must fast 4 hours prior)
DIAGNOSIS: _____

[] Pulmonary Function Test (PFT)
DIAGNOSIS: _____

[] Ankle Brachial Index (ABI)
DIAGNOSIS: _____

[] Carotid Doppler
DIAGNOSIS: _____

[] Venous Doppler
DIAGNOSIS: _____

[] Arterial Doppler
DIAGNOSIS: _____

[] Bilateral [] Left [] Right

[] Bilateral [] Left [] Right

NUCLEAR TESTING ONLY

[] Nuclear Stress Test
DIAGNOSIS: _____

[] Regular Treadmill Stress Test
DIAGNOSIS: _____

[] Chemical Stress Test
DIAGNOSIS: _____

PATIENT WEIGHT: _____ (required for scheduling)

PLAZA MEDICAL CENTER
13460 N. 94TH DR J-1
PEORIA, AZ 85381

DEL WEBB MEDICAL
14420 W. MEEKER BLVD A-305
SUN CITY WEST, AZ 85375

TALAVI CORPORATE CENTER
5651 W TALAVI BLVD #160
GLENDALE, AZ 85306

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