



## NEW CONSULT AND TESTING ORDER FORM

**\*\*PLEASE FAX US ALL MEDICAL RECORDS AND COPY OF PATIENT'S INSURANCE CARD TO (480) 461-4243.\*\***

Direct Line for Physicians and Office Staff: (480) 993-1089  
Main Office Phone for physicians: (480) 835-6100 OPTION 1

**BANNER DESERT CAMPUS**  
1520 S. DOBSON RD.  
SUITE # 209  
MESA, AZ 85202

**MOUNTAIN VISTA CAMPUS**  
10238 E. HAMPTON AVE.  
SUITE # 401  
MESA, AZ 85209

**BANNER HEART CAMPUS**  
6750 E. BAYWOOD AVE.  
SUITE # 301  
MESA, AZ 85206

### Cardiology

### Peripheral Vascular\*

### Electrophysiology\*

\_\_\_ 1st Available

\_\_\_ S Reddy Atmakuri, MD

\_\_\_ M Joshua Berkowitz, MD

\_\_\_ Rodrigo Chan, MD

\_\_\_ Joshua Cohen, MD

\_\_\_ James DelGiorno, MD

\_\_\_ Jacob Green, MD

\_\_\_ Duane Heinrichs, MD

\_\_\_ Jay Jacobs, MD

\_\_\_ Jaskamal Kahlon, MD

\_\_\_ David Kassel, MD

\_\_\_ Arun Kolli, MD

\_\_\_ Ryk Linden, MD

\_\_\_ Robert Mondschein, MD

\_\_\_ Michael O'Meara, MD

\_\_\_ Edward Perlstein, MD

\_\_\_ Thomas Ritchie, MD

\_\_\_ Mark Stern, MD

\_\_\_ Kai Sung, MD

\_\_\_ Arman Talle, MD

\_\_\_ 1st Available

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\_\_\_ M Joshua Berkowitz, MD

\_\_\_ Joshua Cohen, MD

\_\_\_ James DelGiorno, MD

\_\_\_ Jacob Green, MD

\_\_\_ Duane Heinrichs, MD

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\_\_\_ 1st Available

\_\_\_ Rodrigo Chan, MD

\_\_\_ Arun Kolli, MD

\_\_\_ Kai Sung, MD

ORDERING PHYSICIAN:

OFFICE PHONE #: ( )

FAX #: ( ) -

PATIENT FIRST NAME:

PATIENT LAST NAME:

SOCIAL SECURITY #: - -

DATE OF BIRTH: - -

PATIENT HOME PHONE #: ( )

PATIENT CELL #: ( ) -

PATIENT WEIGHT:

**PLEASE CHOOSE URGENCY OF APPOINTMENT:**

\_\_\_ **NEXT AVAILABLE**

\_\_\_ **WITHIN 2 WEEKS**

\_\_\_ **WITHIN 1 WEEK**

\_\_\_ **STAT**

INSURANCE PLAN: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

OFFICE CONTACT PERSON: \_\_\_\_\_

DIRECT PHONE LINE: \_\_\_\_\_

DO YOU REQUIRE A CALL BACK WITH APPOINTMENT DATE & TIME?

\_\_\_ **YES**

\_\_\_ **NO**

IS A REFERRAL REQUIRED? (if so, please fax with this form)

\_\_\_ **YES**

\_\_\_ **NO**

**PLEASE CHOOSE FROM THE FOLLOWING:**

**CARDIOVASCULAR DX:** \_\_\_\_\_

\_\_\_ CONSULTATION

\_\_\_ ECHOCARDIOGRAM

(M Mode 2D & Color Flow)

\_\_\_ CAROTID DUPLEX

\_\_\_ HOLTER MONITOR

\_\_\_ PACEMAKER CHECK\*

\_\_\_ DEFIBRILLATOR CHECK\*

\_\_\_ ABI WITH EXERCISE\*

\_\_\_ OTHER: \_\_\_\_\_

Is the patient able to walk on the treadmill?

\_\_\_ **YES**

\_\_\_ **NO**

\_\_\_ GENERAL TREADMILL

(GTMS, ETT)

\_\_\_ STRESS ECHOCARDIOGRAM

\_\_\_ NUCLEAR STRESS TEST

(Mibi, Cardiolite/Myoview)

\_\_\_ ADENOSINE

\_\_\_ DOBUTAMINE