



## 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

**SOUTH GILBERT OFFICE**  
2680 S. VAL VISTA DR.  
BUILDING 15, SUITE 185  
GILBERT, AZ 85295

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

### Cardiology

### Peripheral Vascular<sup>+</sup>

### Electrophysiology<sup>\*</sup>

     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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     Jaskamal Kahlon, MD

     1st Available

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     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:

- CONSULTATION
- ECHOCARDIOGRAM  
(M Mode 2D & Color Flow)
- CAROTID DUPLEX
- VASCULAR ULTRASOUND
- RENAL ULTRASOUND
- ABDOMINAL ULTRASOUND
- HOLTHER MONITOR
- PACEMAKER CHECK\*
- DEFIBRILLATOR CHECK\*
- ABI WITH EXERCISE<sup>+</sup>
- OTHER: \_\_\_\_\_

### CARDIOVASCULAR DX:

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

**WEIGHT LIMIT FOR THE ABOVE STRESS TESTING IS 300 lbs**