

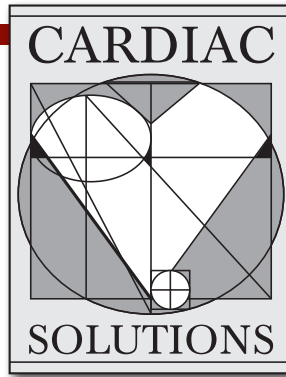
Joseph Caplan, MD, FACC  
Gabor Jilly, MD, FACC  
Vishal Patel, MD, FACC  
Manoj Rawal, MD, FACC  
Christopher Mackey, DO  
Jesse Sethi, MD, FACC, EP

**Plaza Del Rio**

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

**Del Webb Medical Bldg. A**

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



Pranav Patel, DO  
Patrick Quinn, DO  
Murli Raman, MD, FACC  
Fredric Klopf, MD, FACC  
Rajeev Garg, MD  
Abram Mozes, MD, EP

**Rancho Santa Fe Medical Center**

13065 W. McDowell Rd. #C-105 • Avondale, AZ 85323

**Thunderbird Medical**

5310 W. Thunderbird Rd. #201 • Glendale, AZ 85306

**Phone: 623.876.8816**

**Scheduling Fax: 623.933.6739 [Scheduling@cardiacsolutions.net](mailto:Scheduling@cardiacsolutions.net)**

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**

Echocardiogram

Diagnosis Murmur, Atrial Fibrillation, Valve Regurgitation, Coronary Artery Disease, Hypertension, Cardiomyopathy, CHF, Other: \_\_\_\_\_

Carotid Doppler

Diagnosis Bruit, Syncope, Dizziness, Other: \_\_\_\_\_

Venous Doppler

Diagnosis Edema, Pain, DVT, Other: \_\_\_\_\_

Abdominal Aorta (must be fasting for four hours)

Diagnosis AAA, Atherosclerosis, Other: \_\_\_\_\_

Arterial Doppler

Diagnosis: \_\_\_\_\_

## Patient Information

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Phone \_\_\_\_\_ Insurance \_\_\_\_\_

Requesting Physician \_\_\_\_\_ (please print)

**Phone: 623.876.8816**

**Scheduling Fax: 623.933.6739 [Scheduling@cardiasolutions.net](mailto:Scheduling@cardiasolutions.net)**

**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.**

### 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:** \_\_\_\_\_