



TRI-CITY CARDIOLOGY

NEW CONSULT AND TESTING ORDER FORM

****PLEASE FAX ALL MEDICAL RECORDS, DEMOGRAPHICS & COPY OF INSURANCE CARDS TO (480) 461-4243.****

PHYSICIANS AND OFFICE STAFF DIRECT LINE: (480) 993-1089

MULTIPLE CONVENIENT LOCATIONS IN MESA, GILBERT, CHANDLER, SAN TAN VALLEY, CASA GRANDE, AND SUN LAKES INCLUDING STATE-OF-THE-ART VEIN CENTER.

Cardiology

___ 1st Available
 ___ Camille Phuc Le, MD
 ___ Loan Nguyen, MD
 ___ Todd Perlstein, MD
 ___ Thomas Ritchie, MD
 ___ Arman Talle, MD
 ___ Roger Bies, MD

Interventional Cardiology

___ 1st Available
 ___ Kelly Guld, MD
 ___ David Kassel, MD
 ___ Craig Robison, MD
 ___ Sulay Patel, MD
 ___ Shashank Jain, MD
 ___ Jacob Green, MD

Interventional Cardiology & Peripheral Vascular

___ 1st Available
 ___ Satya Atmakuri, MD*
 ___ Joshua Berkowitz, MD*
 ___ Sreedivya Chava, MD*
 ___ Joshua Cohen, MD*
 ___ Rizaldy Villegas, MD*
 ___ Sunny Jhamnani, MD*

Electrophysiology

___ 1st Available
 ___ Aron Kolli, MD
 ___ Kai Sung, MD
 ___ Benjamin Jenny, MD

*Performs Venous Ablations

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|------------------------------------|------------------------------|
| ORDERING PHYSICIAN: | |
| OFFICE PHONE #: () - | FAX #: () - |
| PATIENT FIRST NAME: | PATIENT LAST NAME: |
| SOCIAL SECURITY #: - - | DATE OF BIRTH: - - |
| PATIENT HOME PHONE #: () - | PATIENT CELL #: () - |
| CARDIOVASCULAR DX: | |

Please choose the urgency of appointment:

___ **Next Available** ___ **Within 2 weeks** ___ **Within 1 week** ___ **STAT**

Insurance Plan: _____

ID Number: _____

Office Contact Person: _____

Direct Phone: _____

Do you require a follow up with appointment date and time?

(Please circle one) Yes, phone call / Yes, fax back / No contact needed

Is a referral required? ___ Yes (please fax with this form) ___ No

Please choose from the following:

___ Consultation - please circle (Cardiac / Vascular /
Electrophysiology)
 ___ Echocardiogram (M Mode 2D & Color flow)
 ___ Carotid Duplex
 ___ Abdominal Ultrasound
 ___ Holter Monitor (24 hr only)
 ___ 30 Day Event Monitor
 ___ Pacemaker/Defibrillator Check
 ___ ABI ___ Rest ___ Exercise
 ___ Bilateral Venous Ultrasound (Vein Mapping)
 ___ EKG Overread
 ___ Other: _____

(Or) Choose Stress Treadmill Testing:

Weight limit for stress testing is 300 lbs.
(Patient Weight/Height required for all Treadmill Testing)

Weight: _____ **Height:** _____

___ Exercise Treadmill Test (ETT)
 ___ Stress Echocardiogram
 ___ Nuclear Stress Test/Myocardial Perfusion Imaging
 ___ Exercise (patient must be able to walk on a treadmill)
 ___ Pharmacologic
 ___ Lexiscan ___ Low Level Exercise ___ No Exercise
 ___ Dobutamine
 ___ Cardiac PET Imaging