



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, GOLD CANYON, 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
____ 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*

____ Jaskamal Kahlon, MD*
____ Praneet Sharma, MD*
____ Ephraim Weiss, MD
____ Pridhvi Yelamanchili, MD*
____ Suntharo Ly, MD*
____ Ravinder S. Kahlon, MD*

Electrophysiology

____ 1st Available
____ Aron Kolli, MD
____ Kai Sung, MD
____ Benjamin Jenny, MD
____ Olubadewa A. Fatunde, MD
____ Umashankar
____ Lakshmanadoss, MD

*Performs Venous Ablations

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: _____

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