



**Requested Physician:**

- Alphonse M. Ambrosia, DO
- David M. Bell, DO
- Amy E. Daliman, DO
- Alan M. Grossman, MD
- Andrew J. Kaplan, MD
- Neil E. Kramer, MD
- Panagiotis Th. Panotopoulos, MD
- Victor Sein, DO
- Z. David Skloven, MD
- Suzanne A. Sorof, MD
- No Preference

**Our Locations:**

Opening November  
2979 W. Elliot Rd., Bldg. 5, Ste. 112  
Chandler, 85224

Opening November  
2730 S. Val Vista Dr., Bldg. 8N, Ste. 140  
Gilbert, AZ 85296

Transferring to Val Vista November  
3513 S. Mercy Rd.  
Gilbert, AZ 85297

6116 E. Arbor Ave., Ste. 112  
Mesa, AZ 85206

37100 N. Gantzel Rd., Ste. 202  
Queen Creek, AZ 85140

**Referrals**

**Provider Line  
(480) 396-1585**

**Provider Fax  
(480) 325-1390**

**Patient Line  
(480) 641-5400**

**Please be sure to attach the following:**

- Patient Demographics
- Copy of Insurance Card
- Insurance Referral
- Progress Notes
- Blood Work and EKG (if available)

**NEW CONSULT AND TESTING ORDER FORM**

(This does not replace an insurance referral form)

**\*\*\*PLEASE PRINT CLEARLY\*\*\***

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Patient Phone # (1)** \_\_\_\_\_

**(2)** \_\_\_\_\_

**Diagnosis (Required):** \_\_\_\_\_

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

**(Please obtain if patient's insurance requires)**

**Referring Provider Information:**

Ordering Physician/Provider: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Please schedule this patient for the following**

**CONSULTATION:**

- Pre-Op Evaluation
- New Patient Consultation (Our doctor may determine a appropriate follow-up testing)
- Venous Ablation Consultation

**TESTING ONLY:**

**Please check if insurance requires you to obtain an authorization with CPT codes listed below.**

**\*These tests have a 350 pound maximum weight limit and \*\* are up to 450 pounds.**

- At Home Sleep Study (CPT 95800)
- Echo (93306)
- Stress Echo (93351)\*\*
- Treadmill Stress (93015)\*\*
- Dobutamine Stress Echo\*\* (93351 & J1250)
- Carotid Ultrasound (93880)
- Renal Ultrasound (93975 or 93976)
- Lower Extremity Arterial Bilateral (93925)
- Venous Bilateral Extremity (93970)
- Upper Extremity Arterial Bilateral (93930)
- Bubble Study (93306)
- Aortic Duplex (93978)
- ABI with Exercise (93924)\*\*
- ABI with Segmentals (93923)
- 24 Hour Holter Monitor (93224)
- Wireless Telemetry (93228 & 93229)
- Lexiscan Nuclear (78452, A9500X2, J2785X4, 93015)\*
- Exercise Nuclear (78452, A9500X2, 93015)\*
- Venous Reflux Study (93970)

**Physician Signature (Required for Testing):**

X \_\_\_\_\_