



**HEART DOCTOR**  
Arizona Heart Doctor, LLC

Dr Yasir Batres, MD

Dr Pridhvi Yelamanchili, MD

PATIENT NAME: \_\_\_\_\_  
DATE: OF BIRTH: \_\_\_\_\_ PATIENT PHONE (H): \_\_\_\_\_  
PATIENT PHONE (CELL): \_\_\_\_\_ (WORK): \_\_\_\_\_  
INSURANCE: \_\_\_\_\_ AUTH NO. (if needed) \_\_\_\_\_  
REFERRING PHYSICIAN: \_\_\_\_\_  
REASON FOR REFERRAL (DIAGNOSIS): \_\_\_\_\_

**SERVICES REQUESTED**

- |   |  |
|---|--|
| <input type="checkbox"/> General Consultation                 | <input type="checkbox"/> Abdominal Ultrasound  |
| <input type="checkbox"/> Stress Test (cardiologist to decide) | <input type="checkbox"/> Renal Doppler   |
| <input type="checkbox"/> Stress Echocardiogram                | <input type="checkbox"/> Venous Ultrasound   |
| <input type="checkbox"/> Nuclear Stress Test                  | <input type="checkbox"/> Arterial Ultrasound/Doppler   |
| <input type="checkbox"/> Echocardiogram                       | <input type="checkbox"/> Carotid Ultrasound  |
| <input type="checkbox"/> Echo w/ Bubble Study                 | <input type="checkbox"/> 24 Hour Holter Monitor  |
| <input type="checkbox"/> Tilt Table Test                      | <input type="checkbox"/> 30 Day Event Monitor  |
| <input type="checkbox"/> TEE/Cardioversion                    | <input type="checkbox"/> Varicose Vein Ablation  |
| <input type="checkbox"/> Calcium Score                        | <input type="checkbox"/> Electrophysiology Study   |
| <input type="checkbox"/> Heart Catheterization                | <input type="checkbox"/> CT  |
| <input type="checkbox"/> Radiofrequency Ablation              | <input type="checkbox"/> CTA   |
| <input type="checkbox"/> Device Implant                       | <input type="checkbox"/> Pacemaker <input type="checkbox"/> ICD <input type="checkbox"/> CRT |

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[www.azheartdoctor.com](http://www.azheartdoctor.com)