



2149 E. Baseline Rd, Tempe, AZ 85283  
PH(480) 345-0034 F(480)345-4033

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

\*\*\*\*\*ALL TESTING IS DONE AT OUR TEMPE LOCATION \*\*\*\*\*

2149 E Baseline Rd Ste 103 Tempe, AZ 85283      480-345-0034

- Echocardiogram \_\_\_\_\_ at \_\_\_\_\_
- Carotid ultrasound \_\_\_\_\_ at \_\_\_\_\_
- Venous Doppler Ultrasound \_\_\_\_\_ at \_\_\_\_\_
- Arterial Doppler Ultrasound \_\_\_\_\_ at \_\_\_\_\_
- Abdominal Aorta Aneurysm \_\_\_\_\_ at \_\_\_\_\_

FOR AAA TEST, PLEASE DO NOT EAT OR DRINK ANTHING 2 HOURS PRIOR TO YOUR TEST

Results Appointment: \_\_\_\_\_ at \_\_\_\_\_

\*\*\*24 BUSINESS HOURS NOTICE IS REQUIRED FOR RE-SCHEDULING OR CANCELLING \*\*\*

I acknowledge that I have received and understand these instructions

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date