

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

## **RAJIV ASHAR M.D. F.A. C.C.**

## **MEHUL SHAH M.D. F.A.C.C.**

Patient Name:			
******	ALL TESTING IS DONE AT OUR TEM	PE LOCATION	*****
<b>2149</b> E I	Baseline Rd Ste 103 Tempe, AZ 8528	33 480-34	15-0034
□ Fchocard	liogram	at	
	ıltrasound		
	Doppler Ultrasound		
☐ Arterial [	Doppler Ultrasound		at
	nal Aorta Aneurysm		
FOR AAA TEST, PL	EASE DO NOT EAT OR DRINK ANTH	NG 2 HOURS F	PRIOR TO YOUR TEST
Results Appo	ointment:	at	
***24 BUSINESS HOUF	RS NOTICE IS REQUIRED FOR RI	E-SCHEDULIN	NG OR CANCELLING ***
I acknow	vledge that I have received and und	lerstand these	instructions
Name	 Signature	<del></del> -	 Date