



MEHUL SHAH MD, RAJIV ASHAR MD, DHAVAL SHAH MD, ADHIRATH DOSHI MD

Patient Name: _____ DOB _____

- 2149 E Baseline Rd Ste 103 Tempe, AZ 85283 480-345-0034
- 10440 E. Riggs Rd Ste 220 Sun Lakes, AZ 85248 480-345-0034

- ABI _____ at _____
- 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 HOUR NOTICE IS REQUIRED FOR RE-SCHEDULING OR CANCELLING *****

I acknowledge that I have received and understand these instructions

Name Signature Date