

Pulmonary Medicine, Critical Care Medicine & Sleep Disorders Medicine

PIMA LUNG & SLEEP, PC

AMITAB PURI, MD, FCCP, FCCM, DABSM, FACSM

PROCEDURE SCHEDULING FORM

5310 N. LA CHOLLA BLVD. • TUCSON, AZ 85741 • 520-229-8878 • FAX: 520-229-9107

Patient Name: _____ Date of Birth: ____/____/____

Mobile Phone: _____ Home Phone: _____ Work Phone: _____

Primary Insurance: _____ Secondary: _____ Tertiary: _____

REFERRING PROVIDER : _____ Social Security #: _____ - _____ - _____

Clinic Appointments

Appointment Requested

- ☐ Pulmonary Consultation
☐ Pre-Op Surgery Clearance



Diagnosis _____

**Please fax patient records to:
520-229-9107, attn: Medical Records
Please send referral if needed.**

Echocardiography (ECHO)

☐ Echocardiogram

Diagnosis (please choose):

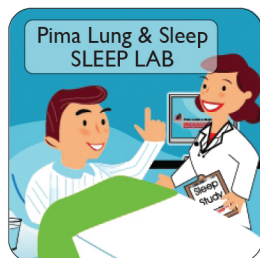
- ☐ Abnormal EKG
☐ Angina
☐ Chest Pain
☐ Coronary Artery Disease (CAD)
☐ Congestive Heart Failure (CHF)
☐ Heart Murmur
☐ Hypertension
☐ Pulmonary Hypertension



Please send referral if needed.

Sleep Study (PSG)

☐ Sleep Consultation
with Sleep Study



Diagnosis _____

Please send referral if needed.

Pulmonary Function Testing (PFT)

☐ Pulmonary Function Test

Diagnosis _____

Please send referral if needed.

Vascular Lab

Procedure(s) Requested (please choose):

- ☐ Carotid Duplex
☐ Renal Artery Duplex
☐ Abdominal AORTA-IVC-Iliac
Vasculature Duplex
☐ Upper Extremity Arterial Duplex
☐ WBI Pressures & Waveforms
of Upper Extremity
☐ Lower Extremity Arterial Duplex
☐ ABI & or TP Pressures & Waveforms
of Lower Extremity
☐ Pre & Post Exercise with ABI/TP &
Waveforms of Lower Extremity
☐ Upper Extremity Venous Duplex
☐ Lower Extremity Venous Duplex



Diagnosis _____

Please send referral if needed.

**Fax Completed form to:
520-229-9107**



AASM Accredited Sleep Centers & Member

IN HOUSE FORM REVISED 04-25-14