



Magellan EKG REFERRAL REQUEST FORM



MARICOPA
INTEGRATED
HEALTH SYSTEM
Count on us to care.

CHC
2525 E. Roosevelt
Phoenix, Arizona 85008
Tel (602) 344-5011
Fax: (602) 344-1233

Walk-in EKG appointments
are available from
8 am-3 pm Monday-Friday

FHC
59 S Hibbert
Mesa, AZ 85210
Tel (480) 344-6200
Fax (480) 344-6201

By Appointment only
8am-5pm Monday-Friday

FHC
5141 W Lamar
Glendale, AZ 85301
Tel (623) 344-6700
Fax (623) 344-6701

By Appointment only
7am-8pm Monday-Friday

FHC
9434 W Hatcher
Phoenix, AZ 85021
Tel (602) 344-6300
Fax (602) 344-6301

By Appointment only
8am-5pm Monday-Friday

Date: _____

Referring Physician: _____ Phone: () _____

Referring Physician Address: _____ City: _____

Fax: () _____

PCP Name: _____ PCP Phone: _____

Phone: () _____ Fax: () _____

Case Manager Name: _____ Phone: _____ Fax: _____

Name of PNO: _____ PNO Phone: _____

PNO Address: _____

Diagnosis: _____ ICD-9: _____

Required Patient Information:

Last Name: _____ First Name _____ MI __ DOB _____

Patient's Phone: () _____ Spanish Speaking only Y N

Patient's Address/City
State/Zip: _____

City/State/Zip: _____ Social Security #: _____

Insurance Plan: **Magellan EKG Plan (Plan 295)**

Form Completed By: _____
Phone: () _____