ARIZONA DOPPLER SPECIALISTS

745 E. Maryland Avenue, Suite 106
Phoenix, AZ 85014
Phone: 602-368-1079 | Fax: 602-374-2673

PATIENT REGISTRATION *(Please print legibly and complete all sections)*

Patient Name: _____ Date: _____
Last *First* *Middle Initial* *Nickname*

Street Address: _____ Apt #: _____

City/Town: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____ Age: _____

Social Security #: _____ Height: _____ Weight: _____ Sex: ☐ M ☐ F

Mobility Aid Used: ☐ None ☐ Cane/Walker ☐ Wheelchair ☐ Motorized Scooter ☐ Other: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed Spouse's Name: _____

Referring Physician (if applicable): _____ Phone #: _____

EMERGENCY CONTACT

Name: _____ Relationship to Patient: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

CONSENT & AUTHORIZATION

I hereby authorize Arizona Doppler Specialists, LLC to release to or to request from any insurance company, other physician or hospital information including the diagnosis and records of treatment or examination rendered to me during radiology services. This information may be faxed. I acknowledge that all of the information supplied on the patient registration form is true and correct and that is has been furnished to this office.

I hereby consent to the administration and performance of all diagnostic procedures and treatments. I am entitled to full explanation prior to any testing, procedure, or referral and I have the option to decline such treatment or seek further information. Furthermore, I understand that the results of this screening may have limited value for a number of reasons including, without limitation: (1) having CCSVI may be or may not be a contributing factor to MS or the development or progression of MS - infact, it may be just one factor or not a factor at all; (2) Arizona Doppler Specialists, LLC and Saguaro Surgical, PC do not have evidence as to the safety or efficacy of treating CCSVI; (3) Arizona Doppler Specialists, LLC and Saguaro Surgical, PC do not have evidence as to whether treating CCSVI affects the development, progression or treatment of MS; (4) a finding of CCSVI (or not) does not create any additional or new treatment options for MS; and (5) no research studies have established whether Doppler ultrasound is the best diagnostic approach for diagnosing CCSVI.

Patient's Signature: _____ Date: _____

PATIENT FINANCIAL POLICY

I understand and agree that this CCSVI Screening and the professional interpretation of the results of this CCSVI Screening are <u>not</u> eligible for medical insurance reimbursement, and that I am solely and totally responsible for payment in full. I further understand and agree that Arizona Doppler Specialists, LLC will not submit claim forms to my medical insurance carrier.

All payments are due at time of check-in unless previous arrangements have been made with our office. We accept cash, check or credit card. Absolutely no post-dated checks will be accepted.

Patient's Signature: _____ Date: _____