Southern Arizona Rad Associates
d/b/a Sierra Vista Diagnostics
155 Calle Portal Suite 500
Sierra Vista, Arizona 85635
www.svdrads.com
NPI: 1518344639 EIN: 47-3840514

Radiology Request

Scheduling 520-459-5227 **Fax**: 520-459-2191

Requesting Provider: _____ Prov. Ph: _____ Prov. Fax: _____

Patient Name: _____ DOB: _____ Contact Phone _____ Next Appt. _____

Insurance: _____ Pre- auth required: Y ___ N ___ Pre-Auth # _____

Reason for exam: _____ ICD-9/10 Code: _____

CT

- ☐ **No IV Contrast**
- ☐ **With and Without IV Contrast**
- ☐ **Contrast at Radiologist Discretion**

BUN/Creatinine _____
[Age 65+, Diabetic or Prior Renal History]

- ☐ Head
- ☐ Maxillo-Facial/Orbits
- ☐ Sinus Complete
- ☐ Sinus Navigator
- ☐ IACs/Temporal Bone/Pituitary
- ☐ Neck (Soft Tissue)
- ☐ Chest/Thoracic ☐ PE Chest
- ☐ Chest, Abdomen & Pelvis
- ☐ Abdomen ☐ Pelvis ☐ Both
- ☐ 4-Phase Liver
- ☐ Renal Stone Study
- ☐ CT IVP (CT Urogram)
- ☐ CT Enterography (Small Bowel Eval.)
- ☐ C-Spine ☐ T-Spine
- ☐ L-Spine ☐ Myelogram
- ☐ Extremity _____ ☐ R ☐ L
- ☐ Cardiac Calcium Scoring
- ☐ Low Dose CT Lung Cancer Screening*
  Age 55-74; Current Smoker or Quit smoking within past 15 years; Tobacco history of 30+ pack years

Vascular

- ☐ Intracranial/Circle of Willis
- ☐ Carotids
- ☐ Carotids & Circle of Willis
- ☐ Renal
- ☐ Mesenteric
- ☐ Aortogram
  - ☐ Thoracic
  - ☐ Abdominal (incl. Iliac AA)
  - ☐ Lower Extremity Runoff (incl. Aorta)
  - ☐ Lower Extremity Only Runoff
- ☐ Other _____

NUCLEAR MEDICINE

- ☐ Bone Scan
  - ☐ Whole Body
  - ☐ 3-Phase
  - ☐ Limited
- ☐ Hida Scan (Gallbladder Function)
- ☐ Parathyroid Scan
- ☐ Renal Scan
- ☐ Thyroid Uptake and Scan
- ☐ Other _____

ULTRASOUND

- ☐ Abdominal (GB, Liver, Pancreas, Spleen, Renal, Aorta/Retroperitoneum)
- ☐ Renal/Bladder
- ☐ Pelvic w/Transvaginal ☐ Pelvic Only
- ☐ Obstetric EDC ___ LMP ___ BPP ___
- ☐ Scrotum/Testicular
- ☐ Limited _____

- ☐ Thyroid ☐ Thyroid FNA
- ☐ Paracentesis ☐ Thoracentesis

- ☐ Carotid ☐ Renal Artery Doppler
- ☐ Mesenteric Artery
- ☐ Venous Doppler **Arms:** ☐ R ☐ L **Legs:** ☐ R ☐ L
- ☐ Arterial Doppler **Arms:** ☐ R ☐ L **Legs:** ☐ R ☐ L

- ☐ ABI w/Toe Pressure ☐ ABI Only

- ☐ Vein Mapping **Arms:** ☐ R ☐ L **Legs:** ☐ R ☐ L

- ☐ Other _____

Fluoroscopy/Special Procedures

- ☐ Esophagram/Barium Swallow
- ☐ Upper GI ☐ Small Bowel Followthru
- ☐ Barium Enema
- ☐ HSG
- ☐ VCUG
- ☐ Other _____

Ultrasound Guided:

- ☐ Thoracentesis ☐ R ☐ L ☐ Send to Lab?
- ☐ Paracentesis Max drain: __L ☐ Send to Lab?
- ☐ Thyroid FNA
- ☐ Lymph Node FNA Site: _____
- ☐ Other: _____

Fluoroscopy Guided:

- ☐ Lumbar Puncture
  - ☐ Diagnostic: **Lab order required
  - ☐ Therapeutic: Final pressure: _____
  - ☐ Injection of Chemotherapy: _____
- ☐ CT Myelogram
  - ☐ Cervical ☐ Thoracic ☐ Lumbar
- ☐ Joint Injection
  Joint (please specify) _____
  ☐ R ☐ L
- ☐ Tendon/Bursa Injection
  (please specify) _____
  ☐ R ☐ L
- ☐ Arthrogram
  Joint (please specify) _____
  ☐ R ☐ L

MRI

- ☐ **No IV Contrast**
- ☐ **With and Without IV Contrast**
- ☐ **Contrast at Radiologist Discretion**

BUN/Creatinine _____
[Age 65+, Diabetic or Prior Renal History]

Neurologic/Spine

- ☐ Brain
- ☐ Brain - Attention to Orbits
- ☐ Pituitary
- ☐ Internal Auditory Canal
- ☐ Soft Tissue Neck
- ☐ Brachial Plexus
- ☐ Metastatic Complete Spine Survey
- ☐ C-Spine ☐ T-Spine ☐ L-Spine*

Reason (check one):
☐ Disc ☐ Infection ☐ MS ☐ Mets
*History of prior lumbar surgery?
☐ Yes ☐ No
Date Mo/Yr _____

- ☐ Sacrum/Coccyx/SI Joints

MSK	R	L	Arthrogram
☐ Shoulder	☐	☐	☐
☐ Elbow	☐	☐	☐
☐ Wrist	☐	☐	☐
☐ Hand/Fingers	☐	☐	
☐ Hip/Pelvis	☐	☐	☐
☐ Femur	☐	☐	
☐ Knee	☐	☐	☐
☐ Tib/Fib	☐	☐	
☐ Ankle	☐	☐	☐
☐ Foot	☐	☐	

- ☐ Other _____

Body

- ☐ Abdomen
- ☐ MRCP
- ☐ Liver
- ☐ Renal ☐ Adrenal ☐ Pancreas
- ☐ Pelvis

Vascular

- ☐ MRA Head ☐ MRV Head
- ☐ Carotids
- ☐ Renal MRA
- ☐ Aortogram
  - ☐ Thoracic
  - ☐ Abdominal ☐ with Runoff

- ☐ Other _____

BREAST IMAGING

Location of abnormality:

Digital Mammography with 3D Tomosynthesis

- ☐ Screening Mammo - Asymptomatic
- ☐ Diagnostic Mammo
  - ☐ Right ☐ Left ☐ Bilateral

Breast Ultrasound

☐ R ☐ L ☐ If Needed

Breast MRI

☐ Breast MRI

- ☐ Ultrasound Guided Biopsy
- ☐ Stereotactic Breast Biopsy
- ☐ MRI Guided Breast Biopsy

DEXA/BONE DENSITY

☐ DEXA

X-RAY

- ☐ Chest 1V PA only
- ☐ Chest 2V PA/Lateral
- ☐ Abdomen ☐ KUB ☐ Flat/Upright
  1V KUB performed when not specified
- ☐ Ribs _____

Extremity: R L
_____ ☐ ☐
_____ ☐ ☐

- ☐ Hand Arthritis Series
- ☐ Facial Bones ☐ Mandible Only
- ☐ Sinus Series ☐ Waters Only
- ☐ Skull
- ☐ Nasal Bones
- ☐ Orbits
- ☐ Pelvis
- ☐ Hip: ☐ R ☐ L
- ☐ Standing Knees AP
- ☐ Other _____

Spine:
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ With Flexion & Extension
☐ Scoliosis Series

**For a complete list of examinations/procedures offered at our facility please visit website or call our office.

STAT Read ❑ Y** Require cell phone, pager or backline number : _____ Special Instruction: ❑ Hold patient ❑ Give CD to patient

Provider Signature: _____ Date: _____