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

Radiology Request – Musculoskeletal Imaging

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-10 Code: _____

X-RAY/DEXA

Extremity: R L

_____❑ ❑ ❑ Pelvis
_____❑ ❑
_____❑ ❑ ❑ Standing Knees AP
_____❑ ❑
_____❑ ❑ ❑ DEXA
_____❑ ❑ Indication:_____

Arthritis Series: ❑ Bilateral Hands ❑ Bilateral Wrists ❑ Bilateral Feet
Spine: ❑ Cervical ❑ Thoracic ❑ Lumbar ❑ With Flex & Ext.
❑ Scoliosis Series
❑ Other:_____

CT

	R L	W/	W/O	W/ & W/O
❑ Upper Extremity	❑ ❑	❑73201	❑73200	❑73202
❑ Lower Extremity	❑ ❑	❑72701	❑73700	❑73702
❑ Hip	❑ ❑	❑72193	❑72192	❑72194
❑ Cervical Spine		❑72126	❑72125	❑72127
❑ Thoracic Spine		❑72129	❑72128	❑72130
❑ Lumbar Spine		❑72132	❑72131	❑72133
❑ Sacrum/Pelvis		❑72193	❑72192	❑72194
❑ CT arthrogram Joint:_____ ❑ R ❑ L				Please call

NUCLEAR MEDICINE

❑ Bone Scan- whole body ❑ 3 Phase Bone Scan
❑ Bone Scan- Ltd. Body part:_____

MYELOGRAM

❑ Cervical 72126/62302 ❑ Thoracic 72129/62303
❑ Lumbar 72132/62304 ❑ 2 or more regions 62305

MRI: PLEASE ASK THE PATIENT THE FOLLOWING

Does pt have a pacemaker or defibrillator? If yes: **Pt. Cannot have MRI**
Is patient claustrophobic? If yes: Please provide patient w/ sedation meds
Welder/metal worker required medical attention for eye injury? If yes:
Order for Orbit X-Rays ❑ CPT 70030
Diabetic or Pt >65 yrs: Creatinine results within 30 days for IV contrast

ULTRASOUND

❑ Extremity non-vascular complete (soft tissue) 76881
❑ Extremity Ltd., anatomic specific (e.g: Achilles or biceps tendon) 76882
❑ Venous (lower or upper extremity) Bilateral 93970
❑ Venous (lower or upper extremity) Uni: ____R ____L 93971

MRI

	W/O pain, trauma, AVN	W & W/O Tumor, infection
❑ Brachial Plexus	X	❑73220
❑ Cervical Spine	❑72141	❑72156
❑ Thoracic Spine	❑72146	❑72157
❑ Lumbar Spine	❑72148	❑72158
❑ Sacrum/ Coccyx or SI joints	❑72195	❑72197
❑ Pelvis	❑72195	❑72197
❑ Chest- pectoralis muscles	❑71550	❑71552

MRI/X-Ray Arthrogram

❑ Hip **X-Ray Pre-Cert 73525 & 27093**	L __ R__	73722
❑ Knee **X-Ray Pre-Cert 73580 & 27370**	L __ R__	73722
❑ Shoulder **X-Ray Pre-Cert 73040/23350**	L __ R__	73222
❑ Wrist **X-Ray Pre-Cert 73115 & 25246**	L __ R__	73222

MRI

		W/O pain, trauma, AVN	W & W/O Tumor, infection
❑ Hip	L __ R__	❑73721	❑73723
❑ Femur	L __ R__	❑73718	❑73720
❑ Knee	L __ R__	❑73721	❑73723
❑ Tib/Fib	L __ R__	❑73718	❑73720
❑ Ankle	L __ R__	❑73721	❑73723
❑ Foot	L __ R__	❑73718	❑73720
❑ Shoulder	L __ R__	❑73221	❑73223
❑ Humerus	L __ R__	❑73218	❑73220
❑ Elbow	L __ R__	❑73221	❑73223
❑ Forearm	L __ R__	❑73218	❑73220
❑ Wrist	L __ R__	❑73221	❑73223
❑ Hand	L __ R__	❑73218	❑73223

❑ **Therapeutic joint injection** Joint:_____ L __ R__

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

Provider Signature: _____ Date: _____