



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 – CT**  
**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: \_\_\_\_\_

Please answer the following questions with patient in office		Instructions if yes:
Is patient on dialysis?	Y__ N__	
Does patient have hypertension, diabetes, renal insufficiency/failure?	Y__ N__	Needs creatinine drawn within 90 days/ fax labs
Allergies to Iodinated contrast	Y__ N__	May require premedication. Please call our office.
All diabetic patient or patients > 65 years of age and requires CT contrast, CREATININE results within 90 days is required		

BODY				HEAD & SPINE			
	W/	W/O	W/& W/O		W/	W/O	W/ & W/O
<input type="checkbox"/> Abdomen	74160	74150	74170	<input type="checkbox"/> Head	70460	70450	70470
<input type="checkbox"/> Chest	71260	71250	71270	<input type="checkbox"/> Sinuses/ Facial Bones	70487	70486	70488
<input type="checkbox"/> Low Dose Chest (Cancer Screening)	X	71260	X	<input type="checkbox"/> Orbits/Temp bones/Pit	70481	70480	70482
		S8032		<input type="checkbox"/> CTA Head	70496	X	X
<input type="checkbox"/> Pelvis	72193	72192	72194	<input type="checkbox"/> CTA Neck	70498	X	X
<input type="checkbox"/> Abdomen & Pelvis	74177	74176	74178	<input type="checkbox"/> Soft Tissue Neck	70491	70490	70492
<input type="checkbox"/> Chest, Abd & Pelvis	74177,	74176,	74178,	<input type="checkbox"/> Cervical	72126	72125	72127
	71260	71250	71260	<input type="checkbox"/> Thoracic	72129	72128	72130
<input type="checkbox"/> CTA Chest	71275	X	X	<input type="checkbox"/> Lumbar	72132	72131	72133
<input type="checkbox"/> CTA Abdomen	74175	X	X	<input type="checkbox"/> Sacrum/Pelvis	72193	72192	72194
<input type="checkbox"/> CTA Pelvis	72191	X	X	<b>EXTREMITY</b>			
<input type="checkbox"/> CTA Abd & Pelvis	74174	X	X	<input type="checkbox"/> Upper Extremity	73201	73200	73202
<input type="checkbox"/> CTA Abd w/ Runoffs	75635	X	X	<input type="checkbox"/> Lower Extremity	72701	73700	73702
<input type="checkbox"/> CTA Heart & Arteries w/ function	75574	X	X	<input type="checkbox"/> Acetabulum Hip	72193	72192	72194
<input type="checkbox"/> Calcium Score (self-pay exam - \$120)	X	75571	X				
MYELOGRAM							
<input type="checkbox"/> Cervical		72126 62302		<input type="checkbox"/> Lumbar		72132 62304	
<input type="checkbox"/> Thoracic		72129 62303		<input type="checkbox"/> 2 or More Regions			62305

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

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_