



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

Fluoroscopy/Special Procedures 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: _____

Gastrointestinal (GI)		Urinary/ Renal	
<input type="checkbox"/> Esophagram (Barium Swallow)	74220	<input type="checkbox"/> Cystogram	74430
<input type="checkbox"/> Upper GI	74246	<input type="checkbox"/> Voiding cystogram	74455
<input type="checkbox"/> Upper GI with small bowel follow-through	74249	<input type="checkbox"/> Intravenous Pyelogram (IVP)	74400
<input type="checkbox"/> Small bowel	74250	Reproductive Organs	
<input type="checkbox"/> Double Contrast Enema	74280	<input type="checkbox"/> Hysterosalpingogram	74740
Musculoskeletal			
<input type="checkbox"/> Arthrogram Joint: _____ R ___ L ___	<input type="checkbox"/> Therapeutic joint injection Joint: _____ R ___ L ___		
<input type="checkbox"/> Other: _____			

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

Provider Signature: _____ Date: _____