



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

Ultrasound 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: _____

Ultrasound*** For a complete list of examinations offered, please contact our facility.

<input type="checkbox"/> Abdomen Complete	76700	<input type="checkbox"/> Kidneys	76770
<input type="checkbox"/> Abdominal Soft Tissue (Hernia)	76705	<input type="checkbox"/> Neck- Thyroid	76536
<input type="checkbox"/> Abdominal Complete w/ Doppler	76700, 93975	<input type="checkbox"/> Neck- NOT Thyroid (Palpable mass)	76536
<input type="checkbox"/> Abdominal Limited	76705	<input type="checkbox"/> Pelvic Complete (Non-OB)	76856
<input type="checkbox"/> Abdominal (Liver)	93975	<input type="checkbox"/> Pelvic Complete w/ Transvag (Non-OB)	76856, 76830
<input type="checkbox"/> Aorta/Iliac Limited	93979	<input type="checkbox"/> Pelvic Limited or Follow-up (Non-OB)	76857
<input type="checkbox"/> Bladder w/ Post Void Residual Calculation	76775	<input type="checkbox"/> OB 1 st Trimester w/ Transvag	76801, 76817
<input type="checkbox"/> Breast Limited <input type="checkbox"/> Unilateral: R L <input type="checkbox"/> Bilateral	76642	<input type="checkbox"/> OB Pregnant Uterus (<14 weeks)	76801
<input type="checkbox"/> Carotid	93880	<input type="checkbox"/> OB Pregnant Uterus (>14 weeks)	76805
<input type="checkbox"/> Duplex arterial lower extremity Bilateral	93925, 93923	<input type="checkbox"/> Pregnant Uterus Fetal Survey	76811
<input type="checkbox"/> Duplex arterial lower extremity Uni: R L	93926, 93923	<input type="checkbox"/> Pregnant Uterus Limited/AFI check	76815
<input type="checkbox"/> Duplex arterial upper extremity Bilateral	93930, 93923	<input type="checkbox"/> Pregnant Uterus Limited/Fetal Growth	76816
<input type="checkbox"/> Duplex arterial upper extremity Uni: R L	93931, 93923	<input type="checkbox"/> Renal Artery Complete	93975, 76775
<input type="checkbox"/> Extremity non-vascular (soft tissue)	76881	<input type="checkbox"/> Testicle/Scrotum Complete	76870, 93976
<input type="checkbox"/> Face, Head or Neck (soft tissue)	76536	<input type="checkbox"/> Venous (lower or upper) Bilateral	93970
<input type="checkbox"/> Intracranial	76506	<input type="checkbox"/> Venous (lower or upper) Uni: R L	93971
<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: _____