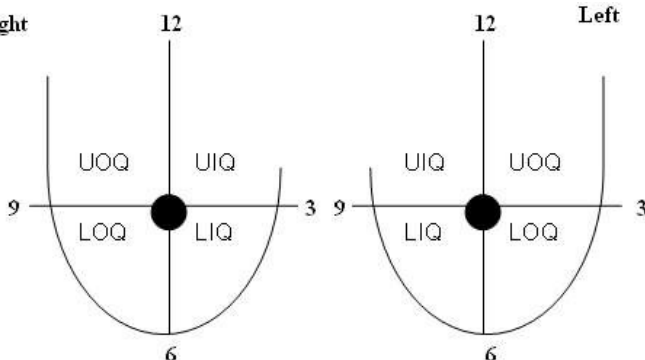




**Radiology Request – Women's Imaging**  
 Scheduling 520-459-5227 Fax: 520-459-2191

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-9/10 Code: \_\_\_\_\_

BREAST	Ultrasound	CPT Code
<input type="checkbox"/> Screening digital mammogram (no current problems)	<input type="checkbox"/> OB 1 <sup>st</sup> trimester	76801
<input type="checkbox"/> Diagnostic mammogram and/or targeted ultrasound as indicated (to be determined by Radiologist) **** Must give specific indication below	<input type="checkbox"/> OB 1 <sup>st</sup> trimester with Trans Vag	76801-76817
	<input type="checkbox"/> OB > 14 weeks	76805
<input type="checkbox"/> Breast Ultrasound (w/o mammo only for a focal breast finding in pt. <30yrs, or as a f/u study as recommended by Radiologist) **** Must give specific indication below	<input type="checkbox"/> OB Complete: Fetal Survey	76811
	<input type="checkbox"/> OB AFI check	76815
	<input type="checkbox"/> OB limited/Fetal Growth	76816
<input type="checkbox"/> Breast MRI <input type="checkbox"/> Screening <input type="checkbox"/> Follow-up <input type="checkbox"/> New diagnosis breast cancer	<input type="checkbox"/> Pelvis Non-OB	76856
	<input type="checkbox"/> Pelvis Complete w/ Transvag Non-OB	76856, 76830
	<input type="checkbox"/> Abdomen Complete	76700
	<input type="checkbox"/> Abdominal soft tissue (hernia)	76705
<b>Reason for diagnostic mammogram/breast ultrasound</b>  Lump/Mass **Please mark location on diagram <input type="checkbox"/> Skin Thickening/Retraction/Dimpling **Please mark location on diagram <input type="checkbox"/> Nipple Discharge L__R__ Bilat __ Spontaneous? Y__N__ Color? _____ <input type="checkbox"/> Prior history of breast cancer <input type="checkbox"/> Other _____	<input type="checkbox"/> Kidneys	76770
	<input type="checkbox"/> Other: _____	
	<b>CT</b>	
	<input type="checkbox"/> Abdomen Pelvis without	74176
	<input type="checkbox"/> Abdomen Pelvis with	74177
	<input type="checkbox"/> CTA Head with	70496
	<input type="checkbox"/> CTA Neck with	70498
	<input type="checkbox"/> CT Calcium Score (self-pay \$120)	75571
	<input type="checkbox"/> Lumbar Spine	72131
	<input type="checkbox"/> Sacrum	72192
<b>MRI</b>		
Please ask PT following questions		
Does PT have Pacemaker? If Yes: Pt can not have MRI		
Is PT claustrophobic? If yes: Please provide pt w/ sedation		
<input type="checkbox"/> Brain	WO: 70551      W/WO: 70553	
<input type="checkbox"/> MRA or MRV Head	70544	
<input type="checkbox"/> MRA Neck with contrast	70548	
<input type="checkbox"/> Pelvis	WO: 72195      W/WO: 72197	
<input type="checkbox"/> Lumbar	WO: 72141      W/WO: 72158	
<b>Fluoroscopy</b>		
<input type="checkbox"/> Hysterosalpingogram	74740	
<b><input type="checkbox"/> DEXA – Bone Densitometry Exam</b>		
<b>Clinical Indication: please select appropriate indication</b> <input type="checkbox"/> Post Menopause <input type="checkbox"/> Early Surgical Menopause <input type="checkbox"/> Long term steroid treatment <input type="checkbox"/> Long term thyroid treatment <input type="checkbox"/> Estrogen Deficiency <input type="checkbox"/> Vertebral Abnormalities <input type="checkbox"/> Treatment followup of Osteoporosis <input type="checkbox"/> Contraindication for Estrogen therapy <input type="checkbox"/> Others: _____		<b>Patient Instruction:</b> - AVOID taking mineral, calcium, and vitamins supplements on day of your DEXA exam. - Wait 1 week after having Gastrografin or Barium study - Wait 24 hours after having study requiring contrast material (i.e., IVP, CT, Arteriography/Angiogram) - Please call our department for wait time after Nuclear Medicine study before scheduling DEXA exam.

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

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