



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 – X-Ray and DEXA
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 # _____

X-ray Exam*** For a complete list of examinations offered at this facility, please call or visit our website.

Reason for exam: _____ ICD-9/10 Code: _____

Head & Neck		Spine & Pelvis	
<input type="checkbox"/> Sinus		<input type="checkbox"/> Cervical Spine	
<input type="checkbox"/> Skull/Orbits		<input type="checkbox"/> Cervical Spine Flexion & Extension/bending views	
<input type="checkbox"/> Mandible		<input type="checkbox"/> Thoracic Spine	
<input type="checkbox"/> TMJ		<input type="checkbox"/> Lumbar Spine	
<input type="checkbox"/> Soft Tissue Neck		<input type="checkbox"/> Lumbar Spine Flexion & Extension/bending views	
<input type="checkbox"/> Facial Bones		<input type="checkbox"/> Sacrum & Coccyx	
<input type="checkbox"/> Nose		<input type="checkbox"/> SI Joints	
Chest		<input type="checkbox"/> Scoliosis Study	
<input type="checkbox"/> Chest 1 view (PA)		<input type="checkbox"/> Pelvis	
<input type="checkbox"/> Chest 2 views (PA & Lat)		Lower Extremities	
<input type="checkbox"/> Chest Special Views		<input type="checkbox"/> Hip	L__ R__ Bilat __
<input type="checkbox"/> Ribs Unilateral	L__ R__ Bilat __	<input type="checkbox"/> Femur	L__ R__ Bilat __
Upper Extremities		<input type="checkbox"/> Knee	L__ R__ Bilat __
<input type="checkbox"/> Elbow	L__ R__ Bilat __	<input type="checkbox"/> Tib/Fib	L__ R__ Bilat __
<input type="checkbox"/> Forearm	L__ R__ Bilat __	<input type="checkbox"/> Ankle	L__ R__ Bilat __
<input type="checkbox"/> Wrist	L__ R__ Bilat __	<input type="checkbox"/> Foot	L__ R__ Bilat __
<input type="checkbox"/> Hand	L__ R__ Bilat __	<input type="checkbox"/> Calcaneus	L__ R__ Bilat __
<input type="checkbox"/> Fingers	L__ R__ Bilat __	<input type="checkbox"/> Toes	L__ R__ Bilat __
<input type="checkbox"/> Scapula	L__ R__ Bilat __	<input type="checkbox"/> Infant Lower Extremity	L__ R__ Bilat __
<input type="checkbox"/> Humerus	L__ R__ Bilat __	Abdomen	
<input type="checkbox"/> Clavicle	L__ R__ Bilat __	<input type="checkbox"/> KUB	
<input type="checkbox"/> Shoulder	L__ R__ Bilat __	<input type="checkbox"/> Abdomen	
<input type="checkbox"/> Infant Upper Extremity	L__ R__ Bilat __	<input type="checkbox"/> Abdomen with Chest Xray	
<input type="checkbox"/> AC joints w and wo weights		<input type="checkbox"/> Infant Foreign Body Evaluation	

DEXA – Bone Densitometry Exam

<p>Clinical Indication: <i>please select appropriate indication</i></p> <ul style="list-style-type: none"> <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: _____ 	<p>Patient Instruction:</p> <ul style="list-style-type: none"> - 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.
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STAT Read Y** Requires cell phone, pager or back line number : _____ Special Instruction: Hold patient Give CD to patient

Provider Signature: _____ Date: _____