SOUTHERN ARIZONA RADIOLOGY ASSOCIATES

**Tucson Location**
2492 E. River Rd
Tucson, AZ 85718

**Sierra Vista Location**
155 Calle Portal, Ste 500
Sierra Vista, AZ 85635

*See reverse side for map and modality information

**Southern Arizona Radiology Associates**
www.sararadiology.com
NPI: 1518344639
TAX ID: 47-3840514

**Radiology Request - Women's Imaging**
**Scheduling:** 520-335-6849 **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/10 Code:_____

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

## BREAST

### Digital Mammography with 3D Tomosynthesis

☐ Screening Mammo - Asymptomatic
☐ Diagnostic Mammo
☐ Right ☐ Left ☐ Bilateral

### Ultrasound

☐ Breast: ☐ R ☐ L ☐ If Needed
☐ Axilla: ☐ R ☐ L ☐ If Needed

### MRI

☐ Breast MRI

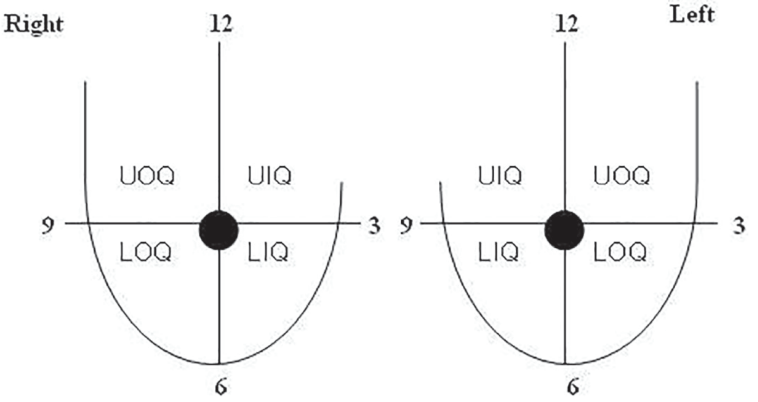
### Biopsy

| | R | L |
|---|---|---|
| ☐ Ultrasound Guided Biopsy* | ☐ | ☐ |
| ☐ Stereotactic Breast Biopsy* | ☐ | ☐ |
| ☐ MRI Guided Breast Biopsy* | ☐ | ☐ |

*w/Post Biopsy Mammo, if needed

Lump/Mass **Please mark location on diagram

❑ Skin Thickening/Retraction/Dimpling **Please mark location on diagram
❑ Nipple Discharge L__ R __ Bilat __
Spontaneous? Y__ N __
Color? _____
❑ Prior history of breast cancer
❑ Other_____




## Bone Densitometry Exam

❑ **DEXA**
*please select appropriate indication*
❑ Post Menopause
❑ Early Surgical Menopause
❑ Long term steroid treatment
❑ Long term thyroid treatment
❑ Estrogen Deficiency
❑ Vertebral Abnormalities
❑ Treatment followup of Osteoporosis
❑ Contraindication for Estrogen therapy
❑ Others: _____

| Ultrasound | CPT Code |
|---|---|
| ❑ OB 1st trimester: 8 to 13 wks | 76801 |
| ❑ OB 1st trimester with Trans Vag | 76801, 76817 |
| ❑ OB > 14 weeks | 76805 |
| ❑ OB *Fetal Survey: 18-24 Wks Detailed | 76811 |
| ❑ OB Limited | 76815 |
| ❑ OB limited/Re-eval | 76816 |
| ❑ Pelvis Non-OB, w/ Doppler Flow | 76856, 93976 |
| ❑ Pelvis Complete w/ Transvag Non-OB, w/ Doppler Flow | 76856, 76830, 93976 |
| ❑ Abdomen Complete | 76700 |
| ❑ Abdominal Limited | 76705 |
| ❑ Kidneys and Bladder | 76770 |
| ❑ Other:_____ | |

| CT | | |
|---|---|---|
| ❑ Abdomen Pelvis without | | 74176 |
| ❑ Abdomen Pelvis with | | 74177 |
| ❑ CTA Head with | | 70496 |
| ❑ CTA Neck with | | 70498 |
| ❑ CT Calcium Score (self-pay $120) | | 75571 |
| ❑ Lumbar Spine | | 72131 |
| ❑ Sacrum | | 72192 |

| MRI | | |
|---|---|---|
| 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 | | |
| ❑ Brain | WO: 70551 | W/WO: 70553 |
| ❑ MRA or MRV Head | | 70544 |
| ❑ MRA Neck with contrast | | 70548 |
| ❑ Pelvis | WO: 72195 | W/WO: 72197 |
| ❑ Lumbar | WO: 72141 | W/WO: 72158 |

Provider Signature:_____ Date: _____

*DO NOT USE STAMP