

RAYUS PAIN CARE ORDER FORM

SCHEDULING

P: 952.738.4580
 F: 952.543.6524
 E: TCorders@RAYUSradiology.com

- Blaine
 - Burnsville
 - Coon Rapids
 - St. Louis Park
 - Shakopee
 - Woodbury
- See back for addresses*

- Patient will call to schedule
- Call patient to schedule



PATIENT INFORMATION		Patient DOB	<input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #	
<input type="checkbox"/> Please release my records from the referring provider listed below to RAYUS Pain Care.		Patient signature (required)	
INSURANCE INFORMATION			
Insurance name	Insurance ID #	Group #	Member #
Claim #	Adjuster	Phone #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury	Attorney	Phone #
(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, context and severity) to support medical necessity for each test.	Clinical Decision Support (CDS)		
	Required for Medicare Part B		
	Modifier (determination)	G-code (vendor)	
Is the exam/procedure related to an injury? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela			

COMPREHENSIVE PAIN CARE EVALUATION FOR:

- Pain care consult and treat as appropriate
- Injection
- Imaging
- Regenerative medicine (PRP/BMAC) consult and treat as appropriate
- Other _____

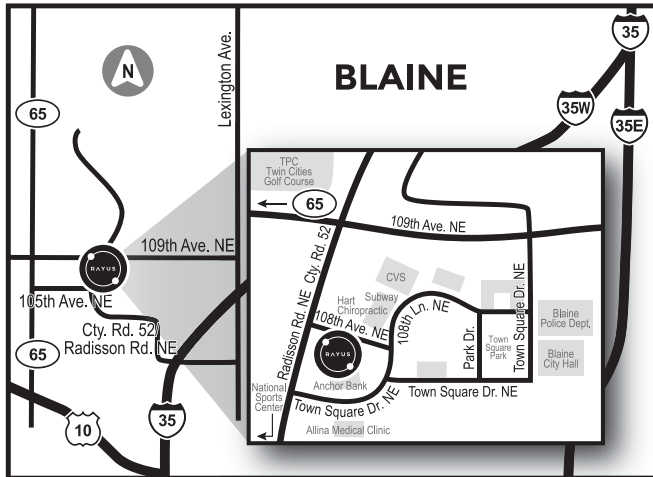
RECOMMENDATIONS MAY INCLUDE:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Physical therapy • Behavioral health evaluation • Medication management in partnership with primary care provider • Surgical consults • Spinal cord stimulator trials and permanent placements | <ul style="list-style-type: none"> • Injections: <ul style="list-style-type: none"> - Epidurography/Epidural steroid - Facet joint steroid - Facet nerve block - Selective nerve root block | <ul style="list-style-type: none"> • Imaging: <ul style="list-style-type: none"> - MRI - CT - X-ray |
|--|---|--|

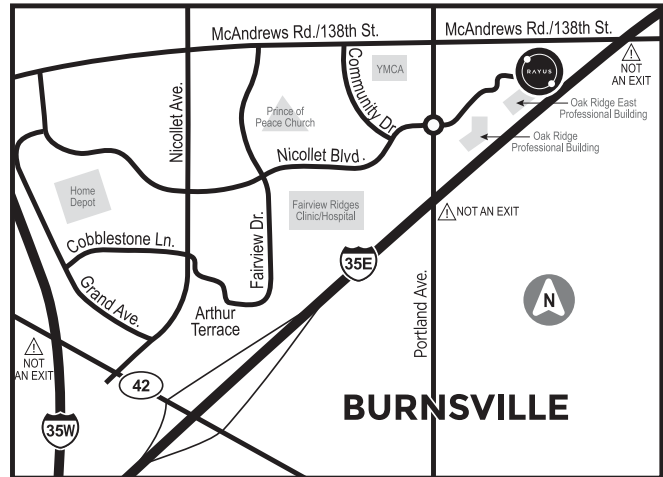
Regular updates on patient's progress will be provided to you by our RAYUS Pain Care team.

REFERRING PROVIDER INFORMATION			
Clinic name	Phone #	Fax #	
Clinic address	City	State	Zip
Provider name (print)	Provider location	Phone #	
Provider signature (required)	NPI # (required for new providers)	Date	
Do not use rubber stamp.			

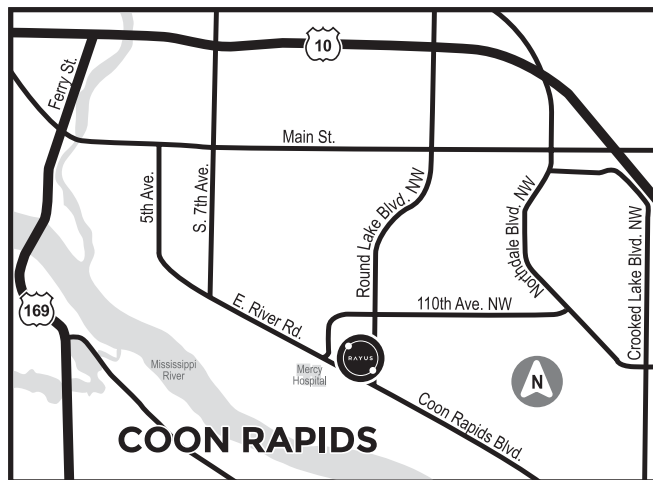
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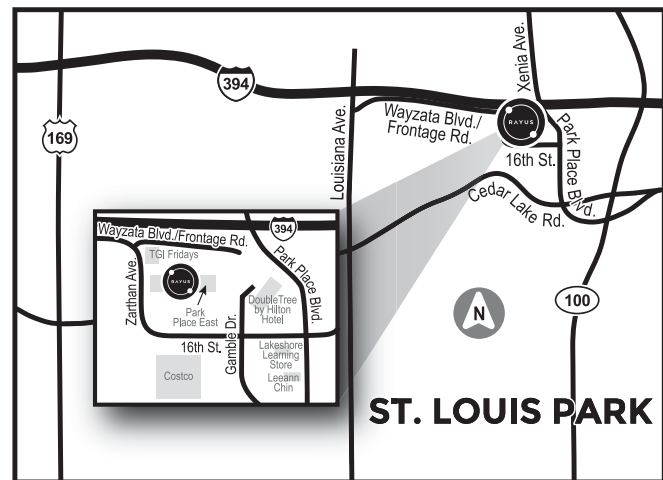
BLAINE
2305 108th Ln. NE
Blaine, MN 55449



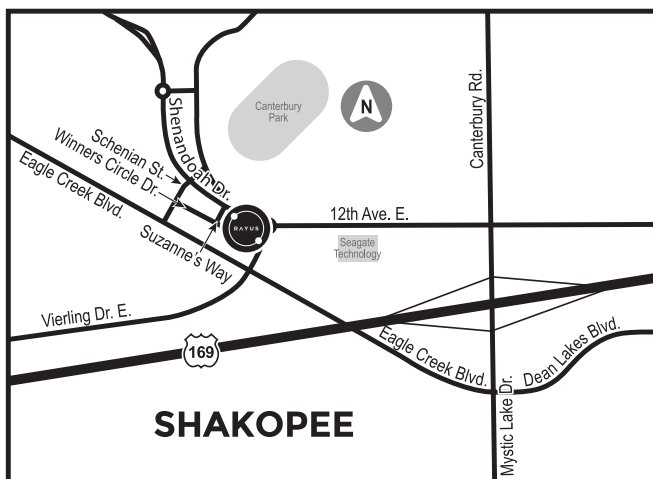
BURNSVILLE
675 E. Nicollet Blvd., Suite 150
Burnsville, MN 55337



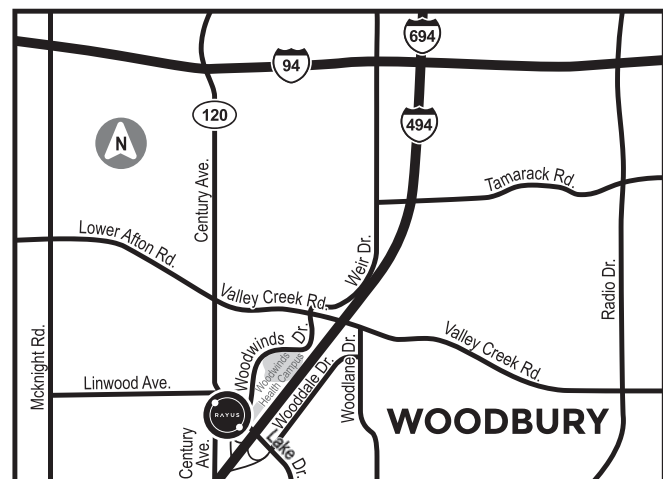
COON RAPIDS
3833 Coon Rapids Blvd. NW, Suite 120
Coon Rapids, MN 55433



ST. LOUIS PARK
5775 Wayzata Blvd., Suite 190
St. Louis Park, MN 55416



SHAKOPEE
2995 Winners Circle, Suite 105
Shakopee, MN 55379



WOODBURY
6025 Lake Rd., Suite 130
Woodbury, MN 55125