

SCHEDULINGP: 207.945.4680
F: 207.945.4689

- Patient will call to schedule
- Call patient to schedule
- Obtain authorization

Tax ID: 01-0535132
NPI: 1922655562

See back for address, directions and instructions

Appointment date and time	Check-in time	Patient DOB	<input type="radio"/> M <input type="radio"/> O <input type="radio"/> F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #	
Insurance name	Insurance ID #	Authorization #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury	Patient height	Patient weight

(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? No Yes**If yes** Initial Subsequent or Sequela**MRI**

3T MRI and high-field MRI

 IV contrast as clinically indicated by radiologist With contrast With and without contrast Without contrast L O R BIL**NEURO**

- Brain
 - IAC
 - Pituitary
 - Orbits
- Volumetric brain imaging - What are you looking to measure? _____
- Spine
 - Cervical
 - Thoracic
 - Lumbar
- Sacrum/Coccyx
- Neck (soft tissue)
- Brachial plexus
- Pre-MRI orbit, X-ray (for metal)

BODY

- Chest
- Breast
- Cardiac
- Abdomen
- Pelvis
- Enterography
- MRCP w/3D reconstruction
- Prostate
- MSK**
 - Extremity _____
 - Joint _____
 - Arthrogram (w/Gadolinium)
 - TMJ

MRA/MRV

- Brain
- Neck/Carotids
- Aortic arch
- Abdomen (aorta)
- Extremity _____
- OTHER**
- _____

PATIENT PREPARATION**MRI**

Inform us if you have a pacemaker, cardiac defibrillator, ICD, cochlear ear implants or severe renal disease, are on dialysis, have had an injury to your eyes with metal or have any metal objects in your body.

SPECIAL INSTRUCTIONS**Patient should bring any prior films or CDs related to the imaging procedure to be performed.** Any sedation or pain medication for a procedure must be prescribed by the patient's provider. Inform the office if you are or may be **pregnant** or are a **nursing mother**.**Patient consideration** Claustrophobia No Yes**Lab results** Creatinine _____ GFR _____ Blood draw date _____ STAT testing* Creatinine and GFR testing needed*Blood work results needed for patients who are over 60 years of age receiving the contrast agents, Multihance for Breast and Prostate and Gadovist for Cardiac.**REPORTING METHOD** CD w/report Web viewing STAT: call report _____
 Report only Fax report _____

Provider name (print)	Provider location City/Zip	Phone #	Fax #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date	

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BANGOR

489 State St., Suite 100
Bangor, ME 04401

HOURS

Mon.-Fri. 7 a.m. - 8 p.m.

DIRECTIONS

From I-95, take the Hogan Rd. exit (187). Follow Hogan Rd. south past the auto dealerships all the way to the river. Turn right on State St. and follow the river about a quarter of a mile. EMMC is on your left. The entrance to RAYUS is located on the left, immediately after the Riverside Inn. There is an MRI specific entrance for patients. RAYUS shares a parking lot with the Riverside Inn but has several parking spots reserved for patients.

When you enter the building follow the signs to the first floor. The RAYUS office is located on the right.

