

Important: Government-funded imaging scans require written orders.

SCHEDULING
 P: 952.541.1840
 F: 952.543.6524
 E: TCorders@RAYUSradiology.com

INSURANCE SPECIALIST LINE
 P: 952.541.1111
RADIOLOGIST CONSULTATION HOTLINE
 P: 888.541.SCAN (7226)

- Blaine
 - Burnsville
 - Coon Rapids
 - Eagan
 - Eden Prairie
 - Lakeville
 - Maple Grove
 - Maplewood
 - Mendota Heights
 - North St. Paul
 - Otsego
 - Plymouth
 - Roseville
 - Shakopee
 - St. Louis Park
 - West St. Paul
 - Woodbury
- See back for addresses*



- Patient will call to schedule
- Call patient to schedule

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

(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		

(REQUIRED) Area of body Cervical Thoracic Lumbar R L BIL

MRI

IV contrast as clinically indicated by radiologist
 No contrast

MRI

- High-field MRI
- 3T MRI
- Open MRI
- Angiogram
- Arthrogram (joint injection)
- Brain volumetric imaging

OPEN UPRIGHT MRI

- Flexion
- Extension
- Standing
- Other _____

DIAGNOSTIC AND THERAPEUTIC INJECTIONS

Arthrogram (joint/MSK):

- Diagnostic Therapeutic
- Bone marrow aspirate concentrate (BMAC)
- Consultation for regenerative medicine (BMAC/PRP)
- Discogram
- Epidural steroid injection
- Facet joint
- Facet nerve
- Nerve root block
- Nucleoplasty
- MBB (Medial Branch Block)
- Myelogram
- Platelet rich plasma (PRP)
- Rhizotomy (RF)
- SI Joint
- Spine Injection consultation with radiologist
- Sympathetic block
- Transforaminal epidural
- Vertebral augmentation/Kyphoplasty
- Vertebroplasty
- Other _____

ULTRASOUND

Doppler if clinically indicated by radiologist
 No Doppler

If ordering a Pelvis or OB please select one:

Transvaginal study if clinically indicated by radiologist
 No transvaginal

CT

IV contrast as clinically indicated by radiologist
 No contrast

3D reconstructions as clinically indicated by radiologist
 No 3D reconstructions

NUCLEAR MEDICINE

- Brain/Brain SPECT
- Gastrointestinal
- Hepatobiliary/GB
- Lymphangiogram
- Gallium whole body
- Bone scan
- Liver or spleen
- Other _____

X-RAY

Views _____

INTERVENTIONAL CONSULTATIONS AND PROCEDURES

RAYUS Vascular consultation to evaluate for:

- PAD/CLI
- Non-healing wound
- Varicose veins
- Pelvic congestion
- Uterine fibroid embolization
- Other _____

BONE DENSITY

Screening Diagnostic

- History of pathological fracture? No Yes
- Age-related osteoporosis w/o current pathological fracture? No Yes
- Estrogen deficiency/clinical risk for osteoporosis? No Yes
- Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? No Yes
- Body composition assessment

BREAST IMAGING SERVICES

- 3D tomosynthesis mammogram
- Screening Diagnostic
- Proceed with diagnostic workup per radiologist's discretion (Medicare requires new orders for US, MR, Bx/asp)
- Ultrasound
- Biopsy
- Stereotactic US-guided MRI-guided
- MRI bilateral

QCT

QCT
 Height _____ Weight _____

PET/CT

Indicate (re: cancer)

- History of, or Current
- Initial treatment
- Subsequent treatment

Previous treatments/imaging/exams No Yes What type _____

Patient considerations (check all that apply) Requires transportation Allergies to contrast agents Diabetes Weight consideration Claustrophobic

Interpreter needed (language) _____ Renal failure/dialysis Sedation (administered by RAYUS Radiology) *All patients receiving sedation require a driver.*

Other _____

Lab results Creatinine _____ BUN _____ Blood draw date _____ On-site creatinine testing needed

REPORTING METHOD

Routine Read and call _____ STAT/ASAP

Hold and call _____ Patient to hand carry films/CD/report Next-day follow-up

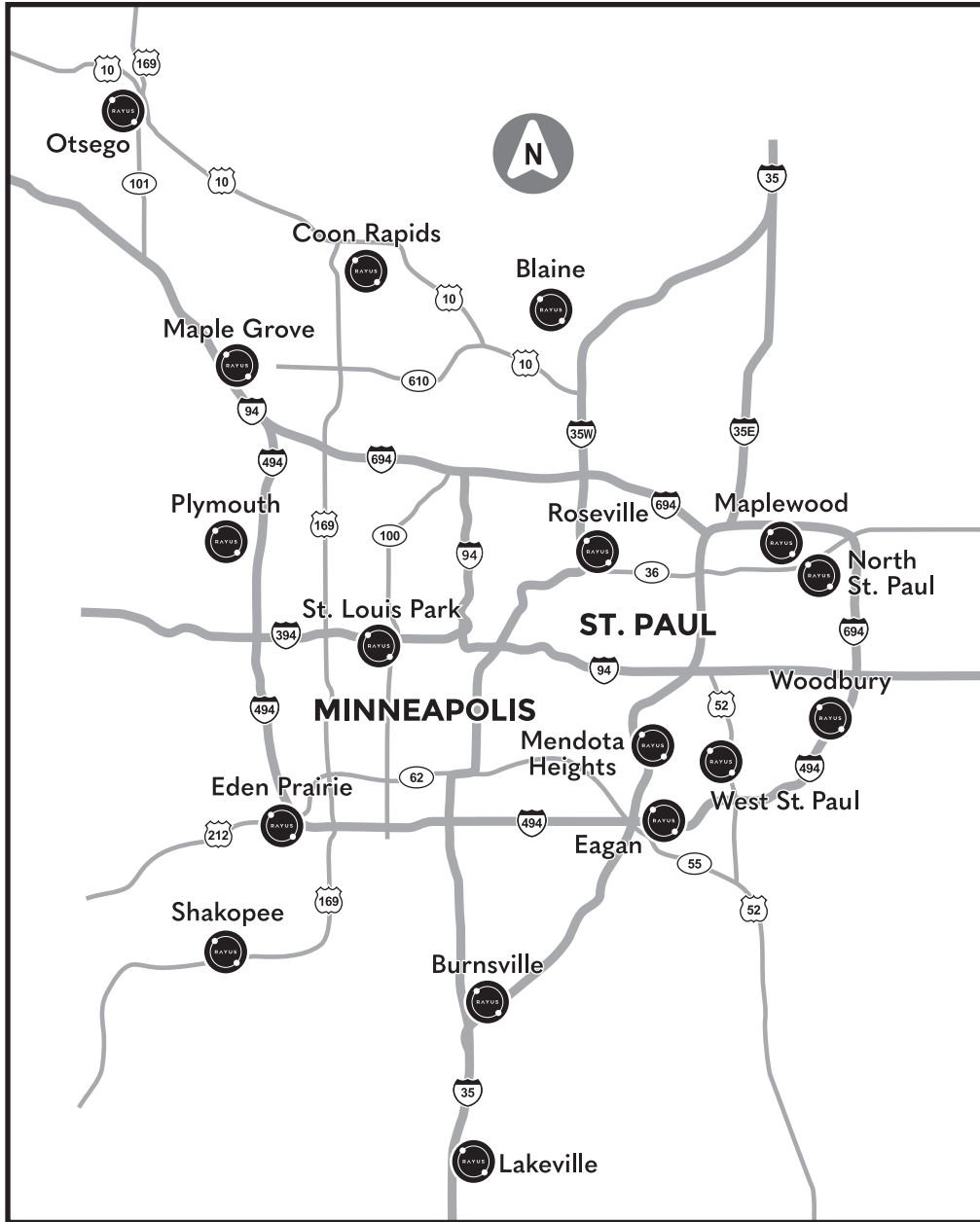
Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date

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Blaine, MN 55449

EDEN PRAIRIE

775 Prairie Center Dr., Suite 260
Eden Prairie, MN 55344

NORTH ST. PAUL

2601 Centennial Dr., Suite 108
North St. Paul, MN 55109

ST. LOUIS PARK

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

BURNSVILLE

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

LAKEVILLE

10438 185th St. W., Suite 100
Lakeville, MN 55044

OTSEGO

9040 Quaday Ave. NE, Suite 100
Otsego, MN 55330

WEST ST. PAUL

232 Wentworth Ave. E.
West St. Paul, MN 55118

COON RAPIDS

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

MAPLE GROVE

9630 Grove Cir. N., Suite 100
Maple Grove, MN 55369

PLYMOUTH

15700 37th Ave. N., Suite 100
Plymouth, MN 55446

WOODBURY

6025 Lake Rd., Suite 130
Woodbury, MN 55125

EAGAN

2700 Vikings Cir., Suite 110
Eagan, MN 55121

MAPLEWOOD

1790 Beam Ave.
Maplewood, MN 55109

ROSEVILLE

1835 W. County Rd. C, Suite 180
Roseville, MN 55113

MENDOTA HEIGHTS

910 Sibley Memorial Hwy.
Mendota Heights, MN 55118

SHAKOPEE

2995 Winners Circle, Suite 105
Shakopee, MN 55379