

# 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



<b>PATIENT INFORMATION</b>			Patient DOB	<input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)		Primary phone #		Secondary phone #
<input type="radio"/> Please release my records from the referring provider listed below to RAYUS Pain Care.			<b>Patient signature (required)</b>	
<b>INSURANCE INFORMATION</b>				
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 #	
<b>(REQUIRED) Written diagnosis/reason/symptom for exam(s).</b> Must include <b>specific</b> clinical indications (such as location, context and severity) to support medical necessity for each test.			<b>Clinical Decision Support (CDS)</b>	
			<b>Required for Medicare Part B</b>	
			Modifier (determination)	G-code (vendor)
Is the exam/procedure related to an injury? <input type="radio"/> No <input type="radio"/> Yes <b>If yes</b> <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 \_\_\_\_\_

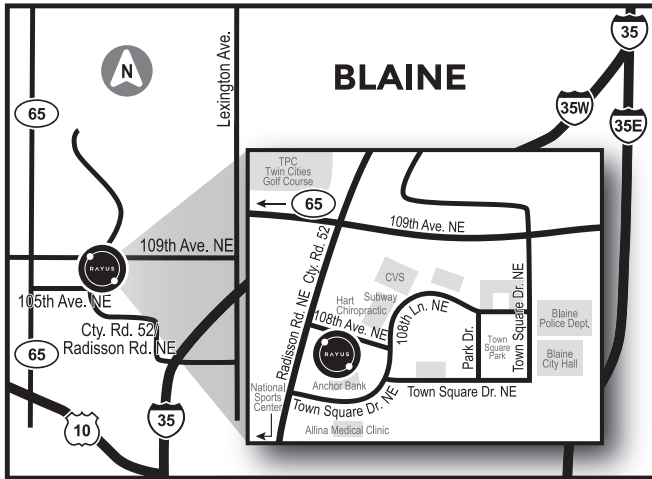
### RECOMMENDATIONS MAY INCLUDE:

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

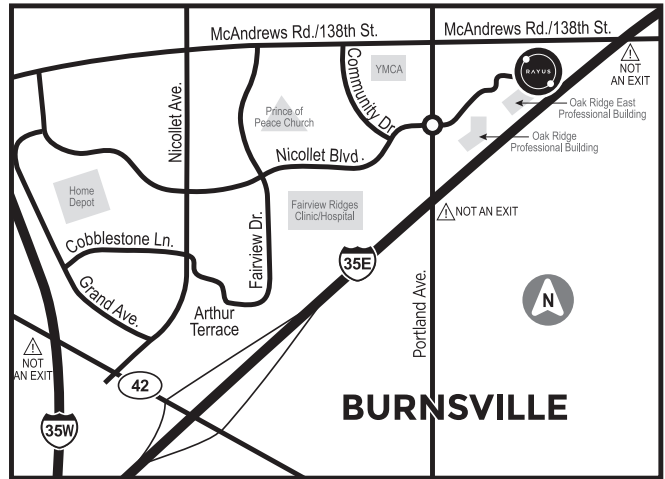
*Regular updates on patient's progress will be provided to you by our RAYUS Pain Care team.*

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

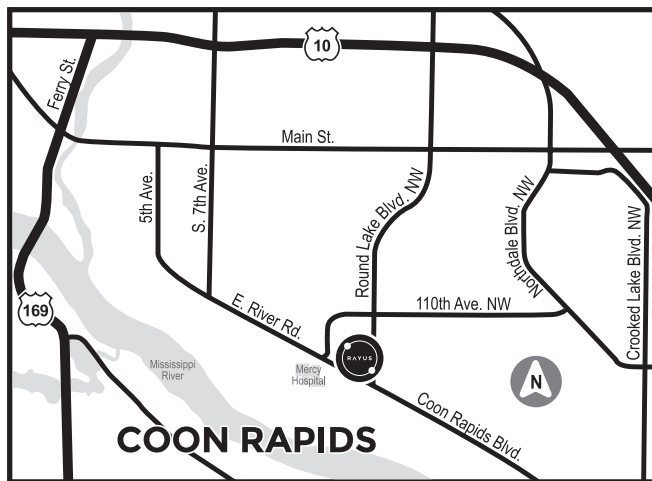
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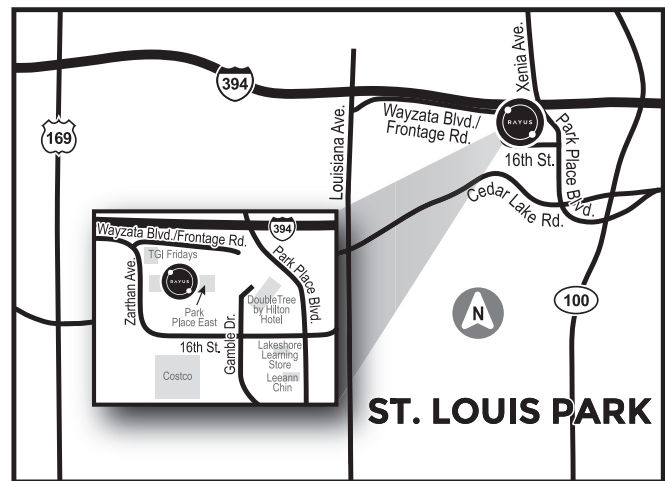
**BLAINE**  
 2305 108th Ln. NE  
 Blaine, MN 55449



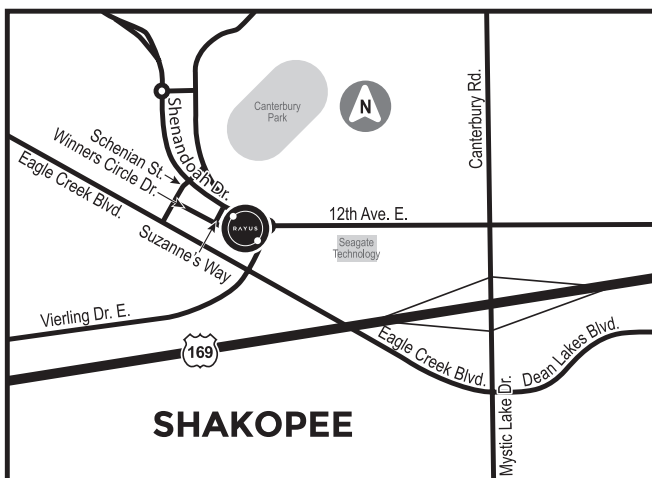
**BURNSVILLE**  
 675 E. Nicollet Blvd., Suite 150  
 Burnsville, MN 55337



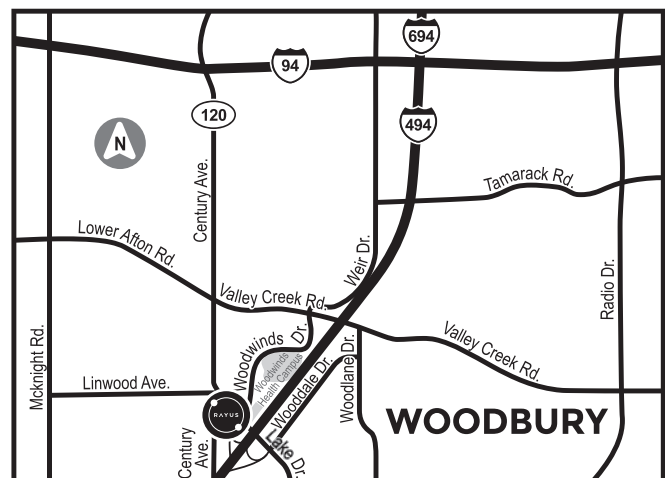
**COON RAPIDS**  
 3833 Coon Rapids Blvd. NW, Suite 120  
 Coon Rapids, MN 55433



**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