

# RAYUS PAIN CARE ORDER FORM

## SCHEDULING

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

- ☐ Patient will call to schedule  
☐ Call patient to schedule

- ☐ Blaine  
☐ Burnsville  
☐ Coon Rapids  
☐ St. Louis Park  
☐ Shakopee  
☐ Woodbury

See back for addresses



<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 #	
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)	
<b>Is the exam/procedure related to an injury?</b> <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:

- Physical therapy
- Behavioral health evaluation
- Medication management in partnership with primary care provider
- Surgical consults
- Spinal cord stimulator trials and permanent placements
- Injections:
  - Epidurography/Epidural steroid
  - Facet joint steroid
  - Facet nerve block
  - Selective nerve root block
- Imaging:
  - MRI
  - CT
  - X-ray

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

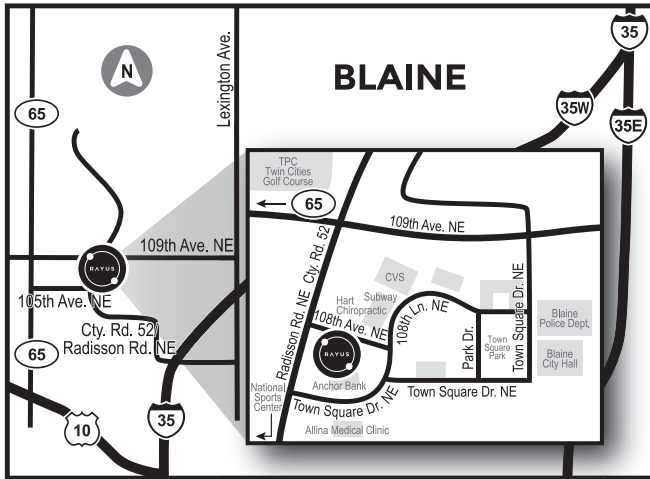
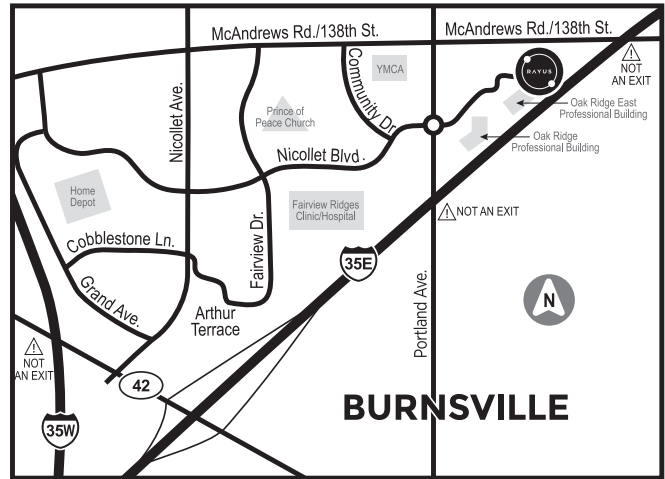
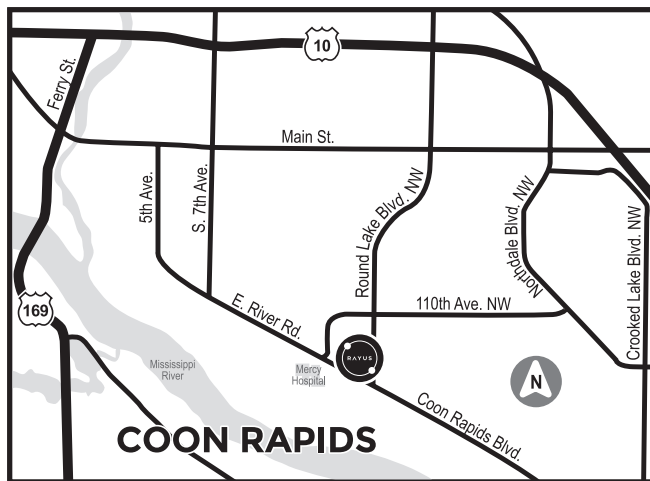
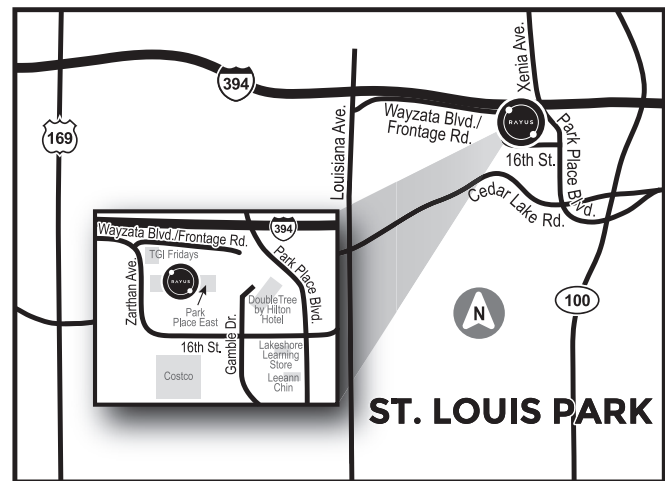
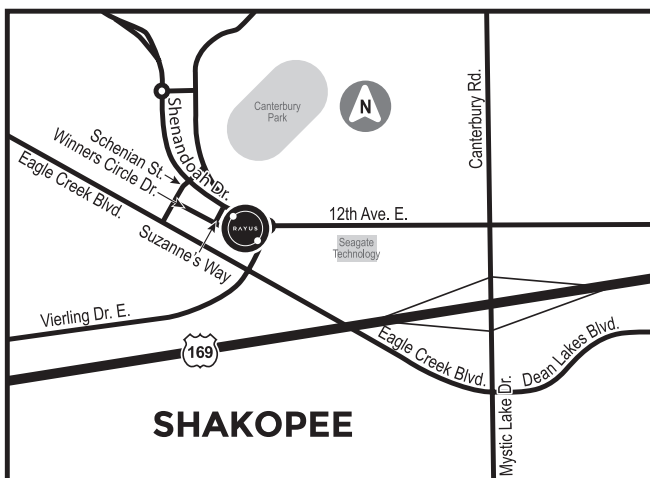
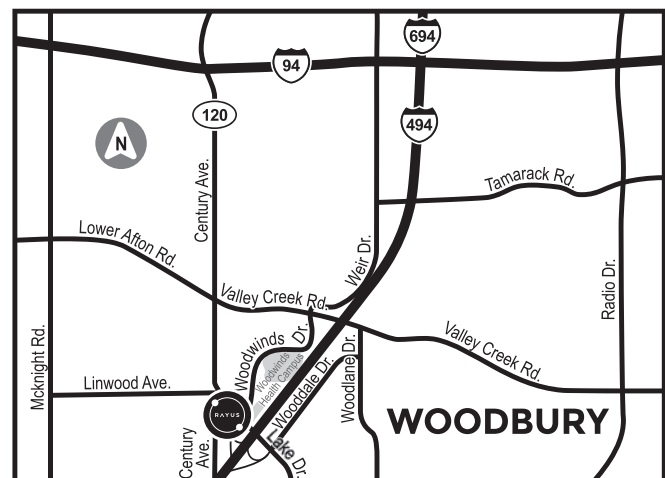
<b>REFERRING PROVIDER INFORMATION</b>					
Clinic name		Phone #		Fax #	
Clinic address		City		State	
				Zip	
Provider name (print)		Provider location		Phone #	
		City/Zip			
<b>Provider signature (required)</b>		<b>NPI # (required for new providers)</b>		Date	
Do not use rubber stamp.					

**SCHEDULING**

P: 952.738.4580

F: 952.543.6524

E: TCorders@RAYUSradiology.com

**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