

SCHEDULING

See specific market

P: 855.643.7226

E: PSScheduling@RAYUSradiology.com

INSURANCE SPECIALIST LINE

P: 425.250.1160

MEDICAL RECORDS FAX LINE

P: 425.251.4307

☐ Patient will call to schedule☐ Call patient to schedule

<input type="radio"/> Auburn - Breast Imaging	P: 253.735.1991	F: 253.735.8837	<input type="radio"/> Issaquah	P: 206.524.5599	F: 206.524.5338
<input type="radio"/> Bellevue	P: 425.637.9729	F: 425.462.8309	<input type="radio"/> Kirkland	P: 425.821.3472	F: 425.820.4115
<input type="radio"/> Bellevue - Breast Imaging	P: 425.974.1044	F: 425.974.1033	<input type="radio"/> Lakewood	P: 253.682.1666	F: 253.682.1667
<input type="radio"/> Bremerton	P: 360.598.3141	F: 360.598.3431	<input type="radio"/> Port Orchard	P: 360.598.3141	F: 360.598.3431
<input type="radio"/> Everett	P: 425.740.5000	F: 425.740.5010	<input type="radio"/> Poulsbo	P: 360.598.3141	F: 360.598.3431
<input type="radio"/> Federal Way	P: 253.942.7226	F: 253.942.3517	<input type="radio"/> Puyallup	P: 253.286.2092	F: 253.848.2161
<input type="radio"/> Federal Way - Breast Imaging	P: 253.735.1991	F: 253.941.6941	<input type="radio"/> Renton	P: 425.228.4000	F: 425.228.2789
			<input type="radio"/> Seattle	P: 206.524.5599	F: 206.524.5338

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 <input type="radio"/> No insurance		Date of injury	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? ☐ No ☐ Yes If yes ☐ Initial ☐ Subsequent or ☐ Sequela

MRI**CT****DIAGNOSTIC AND THERAPEUTIC INJECTIONS**

Area of body _____

☐ L ☐ OR ☐ BIL
☐ IV contrast as clinically indicated by radiologist
☐ OR ☐ No contrast

- ☐ Arthrogram (joint injection)
- ☐ 3T wide-bore MRI
- ☐ High-field open MRI
- ☐ Open upright MRI
- ☐ MRA
- ☐ Flexion/Extension (spine)
- ☐ Brain volumetric imaging (Neuroquant®)
- What are you looking to measure? _____
- ☐ Other _____

Area of body _____

☐ L ☐ OR ☐ BIL
☐ IV contrast as clinically indicated by radiologist
☐ OR ☐ No contrast

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

- ☐ Arthrogram (joint injection)
- ☐ Cardiac calcium scoring
- ☐ CTA
- ☐ CT low dose lung screening
- ☐ Other _____

Area of body _____

☐ Cervical ☐ Thoracic ☐ Lumbar☐ Other _____

Level(s) _____

Treatment ☐ 1x ☐ OR ☐ Up to 3x☐ L ☐ OR ☐ BIL

- ☐ Arthrogram
- ☐ Discogram
- ☐ Epidural steroid injection (ESI)
- ☐ Facet joint injection
- ☐ Facet nerve injection/Medial branch block
- ☐ Lumbar puncture ☐ Therapeutic ☐ Diagnostic
- ☐ Myelogram
- ☐ Rhizotomy
- ☐ Selective nerve root block/Epidural
- ☐ SI joint injection
- ☐ Therapeutic joint injection
- ☐ Trigger point injection(s)
- ☐ Vertebroplasty/Kyphoplasty

REGENERATIVE MEDICINE

- ☐ Bone marrow concentrate (BMC)
- ☐ Platelet rich plasma (PRP) injection
- ☐ Other _____

ULTRASOUND**WOMEN'S IMAGING SERVICES**

Area of body _____

☐ Transvaginal study if clinically indicated by radiologist
☐ OR ☐ No transvaginal

☐ Doppler if clinically indicated by radiologist
☐ OR ☐ No Doppler
NUCLEAR MEDICINE

(Poulsbo only)

- ☐ Bone scan
 - ☐ Whole body ☐ 3 phase ☐ SPECT
 - ☐ Limited _____
- ☐ Hepatobiliary (HIDA) w/EF
- ☐ Gastric emptying
- ☐ Lung ventilation/perfusion
- ☐ Renal flow & function
- ☐ Thyroid uptake & scan
- ☐ Parathyroid

☐ L ☐ OR ☐ BIL

- ☐ Screening mammogram (3D tomosynthesis)
There are no patient or physician concerns; proceed with diagnostic evaluation if abnormality is found.
- ☐ Ok to proceed with diagnostic breast evaluation
- ☐ Diagnostic breast evaluation may include as clinically indicated:
 - ☐ Mammography
 - ☐ Breast ultrasound
 - ☐ Breast MRI
 - ☐ Core biopsy
- ☐ Breast MRI (bilateral) - for high-risk surveillance
 - ☐ Screening or ☐ Diagnostic
- BONE DENSITY**
 - ☐ Screening or ☐ 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

X-RAY

Area of body _____

☐ L ☐ OR ☐ BIL

Views _____

Patient considerations (check all that apply) ☐ Claustrophobic ☐ Interpreter needed (language) _____ ☐ Sedation (administered by RAYUS Radiology)

Lab results Creatinine _____ BUN _____ Blood draw date _____

All patients receiving sedation require a driver.

☐ On-site creatinine testing needed*

*Lab values may be needed within 30 days of the exam for IV contrast if the patient: 1) is diabetic, 2) is 60 years or older, 3) is on chemotherapy, 4) has history of kidney or liver disease or 5) has hypertension

REPORTING METHOD☐ Routine☐ Hold and call _____☐ Read and call _____☐ Patient to hand carry films/CD/report☐ STAT/ASAP☐ Next-day follow-up

Provider name (print)

Provider location

City/Zip

Phone #

Provider signature (required)

NPI # (required for new providers)

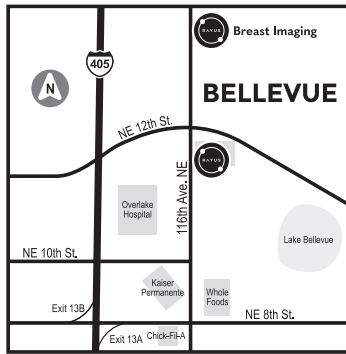
Date

Do not use rubber stamp.

Visit RAYUSradiology.com for detailed driving directions to our centers. Call us at 855.643.7226.

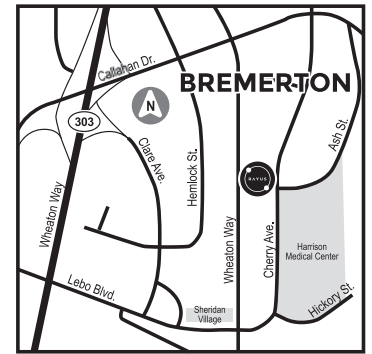


AUBURN - BREAST IMAGING
1268 E. Main St., Suite 1
Auburn, WA 98002

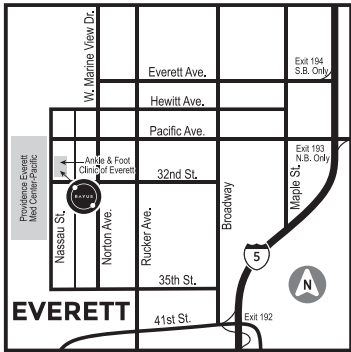


BELLEVUE
1310 116th Ave. NE, Suite E
Bellevue, WA 98004

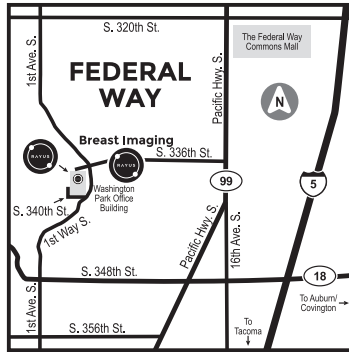
BELLEVUE - BREAST IMAGING
1810 116th Ave. NE, Suite 101
Bellevue, WA 98004



BREMERTON
2601 Cherry Ave., Suite 105
Bremerton, WA 98310

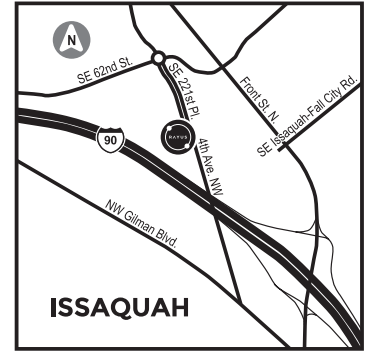


EVERETT
3131 Nassau St., Suite 102
Everett, WA 98201

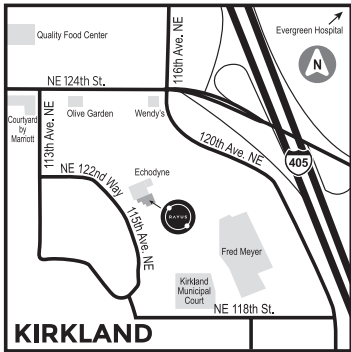


FEDERAL WAY
33801 First Way S., Suite 101
Federal Way, WA 98003

FEDERAL WAY - BREAST IMAGING
909 S. 336th St., Suite B101
Federal Way, WA 98003



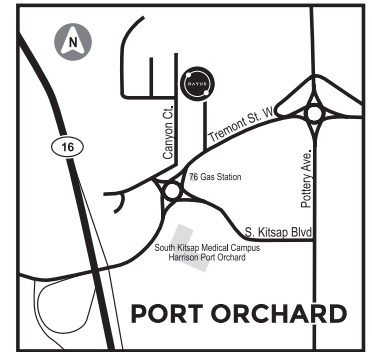
ISSAQUAH
1301 4th Ave. NW, Suite 202
Issaquah, WA 98027



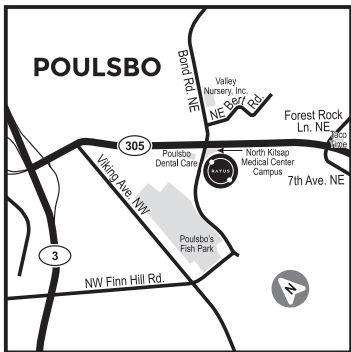
KIRKLAND
12112 115th Ave. NE, Suite B
Kirkland, WA 98034



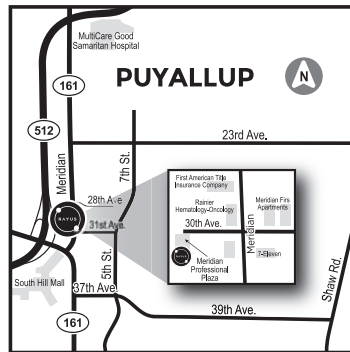
LAKEWOOD
7308 Bridgeport Way W., Suite 101
Lakewood, WA 98499



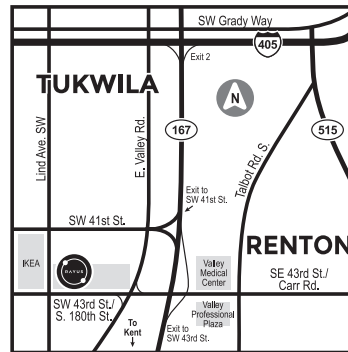
PORT ORCHARD
463 Tremont St. W., Suite 130
Port Orchard, WA 98366



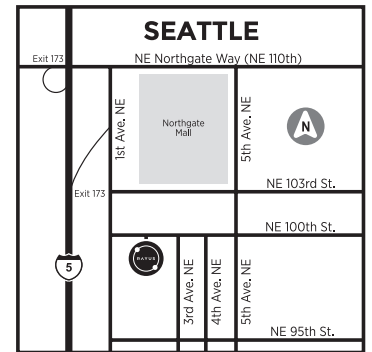
POULSBO
North Kitsap Medical Center
20700 Bond Rd. NE, Bldg. B
Poulsbo, WA 98370



PUYALLUP
2930 S. Meridian, Suite 160
Puyallup, WA 98373



RENTON
220 SW 43rd St.
Renton, WA 98057



SEATTLE
115 N.E. 100th St., Suite 101
Seattle, WA 98125

Physician services provided by Medical Scanning Consultants, PA and Radiology Consultants of Washington, Inc., PS.