

CHIROPRACTIC ORDER FORM

CONTACT

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- South Ogden
- Layton
- Salt Lake City (Brickyard)
- Salt Lake City (State)
- Taylorsville (Redwood)
- South Jordan
- Riverton
- Pleasant Grove
- Springville
- See back for addresses*



Patient name (as shown on insurance card)		Date of birth
Primary phone #	Secondary phone #	Appt date/time AM/PM
Symptoms/Diagnosis		
Physician comments		

MRI

IV contrast as clinically indicated by radiologist
 Without contrast
 With/Without contrast

SPINE

- Cervical
- Upper cervical
- Thoracic
- Lumbar
 - Weight bearing study
- SI
- Scoliosis

BODY

- Pelvis
- Sacrum
- Whole body

HEAD

- Brain
- TBI
- TMJ bilateral

MRA

- Brain
- Neck

LOWER AND UPPER EXTREMITIES

- | | | | |
|---|---|--|---|
| <ul style="list-style-type: none"> <input type="radio"/> Hip <input type="radio"/> Arthrogram <input type="radio"/> Cartilage mapping <input type="radio"/> Knee <input type="radio"/> Arthrogram <input type="radio"/> Cartilage mapping <input type="radio"/> Ankle <input type="radio"/> Non-joint | <ul style="list-style-type: none"> <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL | <ul style="list-style-type: none"> <input type="radio"/> Shoulder <input type="radio"/> Arthrogram <input type="radio"/> Cartilage mapping <input type="radio"/> Elbow <input type="radio"/> Wrist <input type="radio"/> Arthrogram <input type="radio"/> Hand <input type="radio"/> Non-joint | <ul style="list-style-type: none"> <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL |
|---|---|--|---|

Other _____

X-RAY

VIEWS

- Cervical _____
- Thoracic _____
- Lumbar _____
- Scoliosis stitching _____
- Chest _____
- Pelvis _____
- Other _____

- Rib R L BIL _____
- Hip R L BIL _____
- Knee R L BIL _____
- Ankle R L BIL _____
- Foot R L BIL _____
- Shoulder R L BIL _____

VIEWS

- Clavicle R L BIL _____
- AC joint R L BIL _____
- Elbow R L BIL _____
- Wrist R L BIL _____
- Hand R L BIL _____

VIEWS

CT

IV contrast as clinically indicated by radiologist
 With contrast
 Without contrast
 With/Without contrast

- | | | | | | |
|--|---|--|--|---|--|
| <ul style="list-style-type: none"> <input type="radio"/> Head/Brain <input type="radio"/> Orbits <input type="radio"/> Calcium scoring <input type="radio"/> Other _____ | <ul style="list-style-type: none"> <input type="radio"/> Sinus <input type="radio"/> Soft tissue neck | <ul style="list-style-type: none"> <input type="radio"/> Chest <input type="radio"/> Abdomen/Pelvis <input type="radio"/> Angiogram (CTA) _____ | <ul style="list-style-type: none"> <input type="radio"/> Cervical <input type="radio"/> Thoracic | <ul style="list-style-type: none"> <input type="radio"/> Lumbar <input type="radio"/> Maxillofacial | <ul style="list-style-type: none"> <input type="radio"/> Upper extremity <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Lower extremity <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL |
|--|---|--|--|---|--|

ULTRASOUND

Type of study _____

Provider signature (required)

Do not use rubber stamp.

Provider name

Date

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SOUTH OGDEN

6030 Fashion Point Dr.
South Ogden, UT 84403

LAYTON

729 King St., Suite 100
Layton, UT 84041

SALT LAKE CITY (BRICKYARD)

(Located behind TJ Maxx building)
1178 Brickyard Rd.
Salt Lake City, UT 84106

SALT LAKE CITY (STATE)

3702 S. State St., Suite 111
Salt Lake City, UT 84115

SOUTH JORDAN

10696 S. River Front Pkwy.
South Jordan, UT 84095

TAYLORSVILLE (REDWOOD)

6243 S. Redwood Rd., Suite 130
Taylorsville, UT 84123

RIVERTON

12842 S. 3600 W.
Riverton, UT 84065

PLEASANT GROVE

1982 Pleasant Grove Blvd., Suite L
Pleasant Grove, UT 84062

SPRINGVILLE

556 S. 1750 W.
Springville, UT 84663

