

# CHIROPRACTIC SPECIALIST ORDER FORM

## SCHEDULING

P: 414.774.7226  
F: 414.454.4995  
E: RAYUSMKE@RAYUSradiology.com  
O: insideRAYUS.com

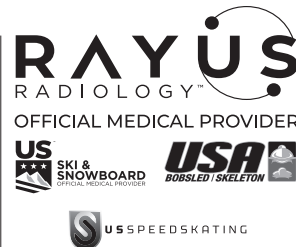
☐ Greenfield  
☐ Menomonee Falls  
☐ Mequon  
☐ Oak Creek  
☐ Waukesha  
☐ Wauwatosa  
☐ West Bend

☐ Patient will call to schedule  
☐ Call patient to schedule

See back for addresses



Froedtert Hospital



## CHIROPRACTIC RADIOLOGIST CONSULTATION HOTLINE

P: 888.541.SCAN (7226)

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"/> Commercial/Private <input type="radio"/> Workers' comp	Date of injury	Pre-authorization #	
<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.			
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			
Area of body			<input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL

## ● MRI

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

If you prefer, you may request:

☐ 3T MRI

☐ 1.5T MRI

☐ HIGH-FIELD OPEN MRI

☐ MR ANGIOGRAM

MRI Spine interpretations will be performed by a subspecialized MD spine radiologist and Dr. Tim Mick, DC, DACBR, FICC or Dr. Stephen Fridinger, DC, DACBR.

If you prefer, you may request:

☐ MD read only

## ● CT

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

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

## ● X-RAY

☐ Views \_\_\_\_\_

### Patient considerations (check all that apply)

☐ Claustrophobic  
☐ History of metal in body  
☐ Ear surgery

☐ Heart stents  
☐ Pacemaker  
☐ Aneurysm clips

☐ Shunt  
☐ Personal history of cancer  
☐ Allergic to contrast agents

☐ Sedation (administered by RAYUS)  
All patients receiving sedation require a driver.

**Lab results\*** Creatinine \_\_\_\_\_ BUN \_\_\_\_\_ Blood draw date \_\_\_\_\_  
☐ On-site testing to be performed by RAYUS or Wisconsin Diagnostic Laboratories

\*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) has a history of renal failure or renal disease, 4) is having chemotherapy or 5) has only one kidney

<b>REPORTING METHOD</b> <input type="radio"/> Films <input type="radio"/> CD <input type="radio"/> Patient to hand carry <input type="radio"/> Read and call ASAP _____		
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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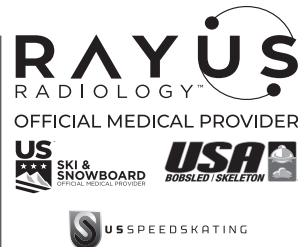
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**GREENFIELD**

Greenfield Highlands Health Center  
4455 S. 108th St., Suite 140  
Greenfield, WI 53228

**MENOMONEE FALLS**

North Hills Health Center  
W129 N7055 Northfield Dr., Suite 101  
Menomonee Falls, WI 53051

**MEQUON**

10596 N. Port Washington Rd.  
Mequon, WI 53092

**OAK CREEK**

10050 S. 27th St.  
Oak Creek, WI 53154

**WAUKESHA**

Westbrook Health Center  
2315 E. Moreland Blvd., Suite 1500  
Waukesha, WI 53186

**WAUWATOSA**

2445 N. Mayfair Rd.  
Wauwatosa, WI 53226

**WEST BEND**

1709 S. 18th Ave.  
West Bend, WI 53095

Visit [RAYUSradiology.com](http://RAYUSradiology.com) for detailed driving directions to our centers.

SERVICES	GREENFIELD	MENOMONEE FALLS	MEQUON	OAK CREEK	WAUKESHA	WAUWATOSA	WEST BEND
3T MRI				•		•	
High-field MRI	•	•	•		•	•	•
High-field open MRI						•	
Breast MRI	•	•		•	•		
CT		•			•	•	
Arthrograms/MSK therapeutic injections	•		•	•		•	
Bone density (DXA)					•		
3D mammography	•	•			•		
Ultrasound-guided breast biopsy					•		
Ultrasound		•			•		
X-ray	•	•	•	•	•	•	