

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

- Patient will call to schedule
- Call patient to schedule

- Greenfield
  - Menomonee Falls
  - Mequon
  - Oak Creek
  - Waukesha
  - Wauwatosa
  - West Bend
- See back for addresses



Froedtert Hospital



Appointment date and time		Check-in time	
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #
Patient DOB	<input type="radio"/> M <input type="radio"/> F	Height	Weight (approximate to determine appropriate MRI scanner)
<b>INSURANCE INFORMATION - Please bring all insurance information to appointment.</b>			
Insurance name		Insurance ID #	Group #
<input type="radio"/> Government <input type="radio"/> Commercial/Private <input type="radio"/> Auto/Worker's Comp <input type="radio"/> No insurance		Date of injury	Pre-authorization/Pre-certification # <input type="radio"/> No pre-authorization/pre-certification required
<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			
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
- BILATERAL BREAST MRI (includes CAD)
- MR ANGIOGRAM

### CT

- IV contrast as clinically indicated by radiologist OR  No contrast
- 3D reconstructions as clinically indicated by radiologist OR  No 3D reconstructions

### ULTRASOUND

- Doppler if clinically indicated by radiologist OR  No Doppler
- Transvaginal study if clinically indicated by radiologist OR  No transvaginal

### MAMMOGRAPHY (includes CAD if needed)

- Screening  Diagnostic
- Proceed with diagnostic workup per radiologist's discretion

### 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

### ARTHROGRAMS/MSK THERAPEUTIC INJECTIONS

- MRI arthrogram
- CT arthrogram (Wauwatosa only)
- MSK therapeutic injections

### X-RAY

Views \_\_\_\_\_

<b>Patient considerations (check all that apply)</b>			
<input type="radio"/> Claustrophobic	<input type="radio"/> Heart stents	<input type="radio"/> Shunt	<input type="radio"/> Sedation (administered by RAYUS) <i>All patients receiving sedation require a driver.</i>
<input type="radio"/> History of metal in body	<input type="radio"/> Pacemaker	<input type="radio"/> Personal history of cancer	<input type="radio"/> On-site testing to be performed by RAYUS or Wisconsin Diagnostic Laboratories
<input type="radio"/> Ear surgery	<input type="radio"/> Aneurysm clips	<input type="radio"/> Allergic to contrast agents	
Lab results* Creatinine _____ BUN _____		Blood draw date _____	
<small>*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</small>			

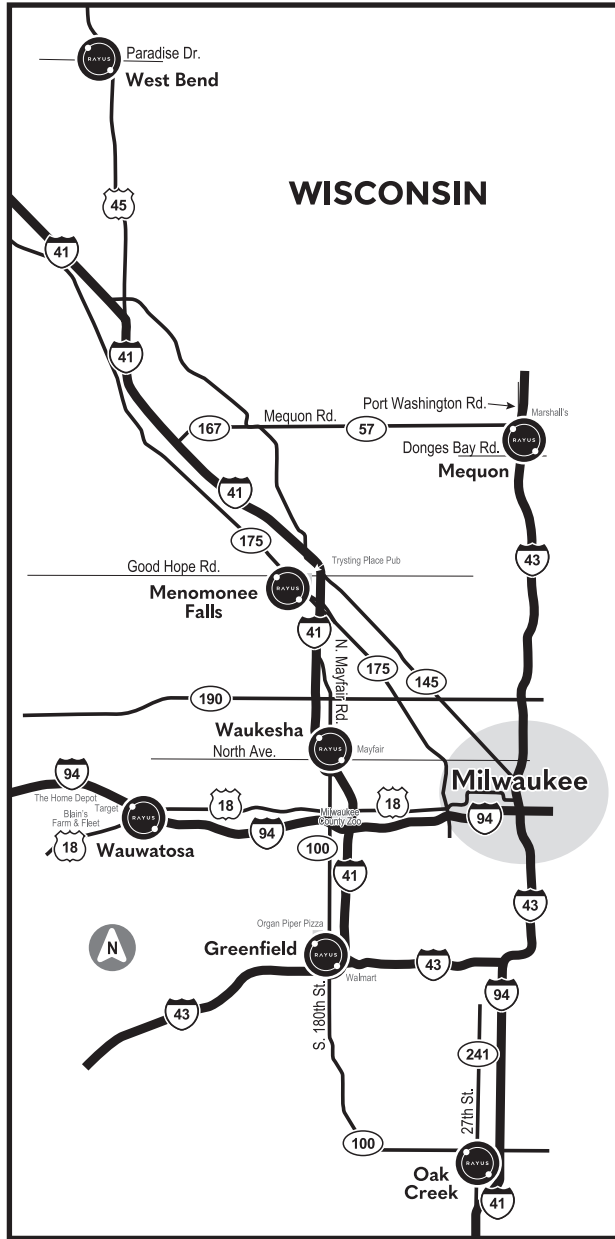
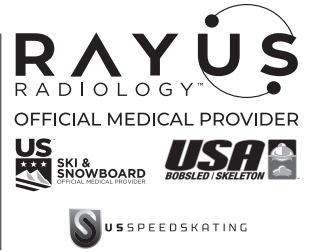
<b>REPORTING METHOD</b> <input type="radio"/> Films <input type="radio"/> CD <input type="radio"/> Patient to hand carry <input type="radio"/> Read and call ASAP _____			
Provider name (print)	Provider location	City/Zip	Phone #
Provider signature (required)	<input type="checkbox"/> Electronically signed	NPI # (required for new providers)	Date
<b>Do not use rubber stamp.</b>			

**SCHEDULING**

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



Froedtert Hospital



**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	•	•	•	•	•	•	