

CONTACT
 P: 801.563.0333
 F: 801.563.0335
 E: UTorders@rayusradiology.com

- 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)	Primary phone #	Patient DOB	<input type="radio"/> M <input type="radio"/> F
Insurance name/Attorney	Date of injury	Pre-authorization #	

(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)

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

Arthrogram _____
 Other _____

NEURO <input type="radio"/> Brain <input type="radio"/> Orbits <input type="radio"/> IACs <input type="radio"/> Pituitary <input type="radio"/> TMJ <input type="radio"/> Neck (soft tissue) SPINE <input type="radio"/> Cervical <input type="radio"/> Upper cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Lumbar-weight bearing <input type="radio"/> Evaluate for modic change <input type="radio"/> Sacrum <input type="radio"/> Evaluate for modic change <input type="radio"/> Sacroiliac joints <input type="radio"/> Scoliosis MRA <input type="radio"/> Head <input type="radio"/> Neck <input type="radio"/> Renal MRV <input type="radio"/> Head	BODY <input type="radio"/> Chest _____ <input type="radio"/> Abdomen _____ <input type="radio"/> Enterography (abd/pel) <input type="radio"/> MRCP _____ <input type="radio"/> Pelvis _____ <input type="radio"/> Hip <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Whole body (certain locations only) UPPER EXTREMITY <input type="radio"/> Shoulder <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Elbow <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Wrist <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Hand <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Cartilage mapping <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Non-joint _____ <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL LOWER EXTREMITY <input type="radio"/> Knee <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Ankle <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Forefoot <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Cartilage mapping <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Non-joint _____ <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL
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IV contrast as clinically indicated by radiologist
 Without contrast With contrast With/Without contrast

CTA _____
 Other _____
 Heart calcium scoring _____

NEURO <input type="radio"/> Head <input type="radio"/> IAC/Temporal bones <input type="radio"/> Facial bones <input type="radio"/> Orbits <input type="radio"/> Neck (soft tissue) <input type="radio"/> Sinus SPINE <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar BODY <input type="radio"/> Chest <input type="radio"/> Abdomen <input type="radio"/> Abdomen/Pelvis <input type="radio"/> Enterography (abdomen/pelvis) <input type="radio"/> Pelvis	UPPER EXTREMITY <input type="radio"/> Shoulder <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Elbow <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Wrist <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Hand <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Non-joint _____ <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL LOWER EXTREMITY <input type="radio"/> Hip <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Knee <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Ankle <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Foot <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Non-joint _____ <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL
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ULTRASOUND	X-RAY
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Doppler if clinically indicated by radiologist
 Transvaginal if clinically indicated by radiologist

<input type="radio"/> Abdomen complete <input type="radio"/> Abdomen limited (Please specify if RUQ scan to include liver, gallbladder and R kidney, abdominal wall or appendix) <input type="radio"/> Liver elastography (Salt Lake City (State) only) <input type="radio"/> Female pelvis complete <input type="radio"/> Transvaginal, if necessary <input type="radio"/> Renal/Kidney complete <input type="radio"/> Post void bladder <input type="radio"/> Other (specify) _____ _____ _____	<input type="radio"/> Obstetric <input type="radio"/> Transvaginal, if necessary <input type="radio"/> 1st Trimester <input type="radio"/> 2nd Trimester <input type="radio"/> 3rd Trimester <input type="radio"/> Scrotum/Testicular complete with Doppler <input type="radio"/> Thyroid <input type="radio"/> Soft tissue (specify) _____ <input type="radio"/> Carotid artery bilateral <input type="radio"/> Exremity Doppler <input type="radio"/> Arterial Doppler <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 <input type="radio"/> Venous Doppler <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 <input type="radio"/> Venous insufficiency <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL (Salt Lake City (State) only)
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SPINE <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Scoliosis evaluation BODY <input type="radio"/> Chest <input type="radio"/> Ribs <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Abdomen <input type="radio"/> Pelvis <input type="radio"/> Hip <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL UPPER EXTREMITY <input type="radio"/> Shoulder <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Humerus <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Elbow <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Forearm <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Wrist <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Hand <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Finger <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL LOWER EXTREMITY <input type="radio"/> Femur <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Knee <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Tib/Fib <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Ankle <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Foot <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Toe(s) <input type="radio"/> R <input type="radio"/> L <input type="radio"/> BIL <input type="radio"/> Other _____	Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____ Views _____
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Provider name (print)	NPI # (required for new providers)	Phone #	Fax #
Provider signature (required) Do not use rubber stamp.	Provider location City/Zip	Date	

CONTACT

P: 801.563.0333

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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

