

**SCHEDULING**

- Patient will call to schedule
- Call patient to schedule

**DESOTO**  
**MANSFIELD**  
 P: 214.420.5400  
 E: TXimagingorders@RAYUSradiology.com

**MCKINNEY**  
**PLANO** (Independence)  
**PLANO** (Legacy)  
**RICHARDSON**  
 P: 972.920.0120  
 E: TXimagingorders@RAYUSradiology.com



See back for fax numbers and addresses

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	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.		<b>Clinical Decision Support (CDS)</b> <b>Required for Medicare Part B</b>	
		Modifier (determination)	G-code (vendor)
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			
<b>● R ● L ● BIL</b>			

**MRI**

IV contrast as clinically indicated by radiologist  
 No contrast

Arthrogram \_\_\_\_\_  
 Other \_\_\_\_\_

**NEURO**

- Brain and/or  Orbits
- Volumetric brain imaging (NeuroQuant®)
- IACs
- Pituitary
- TMJ
- Neck (soft tissue)

**SPINE**

- Cervical
- Thoracic
- Lumbar

**BODY**

- Chest
- Abdomen
- Liver elastography
- Enterography (abd/pel)
- MRCP
- Pelvis
- Hip(s)
- Breast MRI bilateral

**UPPER EXTREMITY**

- Shoulder
- Elbow
- Wrist
- Hand

**LOWER EXTREMITY**

- Femur
- Knee
- Tibia/Fibula
- Ankle
- Foot

**MRA**

- Head
- Carotid
- Aorta w/runoff
- Renal

**CT**

IV contrast as clinically indicated by radiologist  
 No contrast

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

Arthrogram \_\_\_\_\_  
 Heart calcium scoring  
 Other \_\_\_\_\_

**NEURO**

- Head
- IAC/Temporal bones
- Facial bones
- Pituitary
- TMJ
- Neck (soft tissue)
- Sinus
- Complete  Limited

**SPINE**

- Cervical
- Thoracic
- Lumbar

**BODY**

- Chest
- Abdomen
- Abdomen/Pelvis
- Enterography (abd/pel)
- Pelvis
- Hip(s)

**UPPER EXTREMITY**

- Shoulder
- Elbow
- Wrist
- Hand

**LOWER EXTREMITY**

- Knee
- Ankle
- Foot

**CTA**

- Brain
- Aorta
- Chest
- Abdomen
- Pelvis
- Lung (PE)
- Carotid
- Mesenteric
- Renal

**X-RAY**

- Skeletal survey
- Spine
- Cervical
- Thoracic
- Lumbar
- Scoliosis series
- Chest
- Rib series
- Pelvis
- Hip(s)
- Abdomen/KUB
- Shoulder
- Humerus
- Elbow
- Forearm
- Wrist
- Hand
- Knee
- Ankle
- Foot

**SPECIAL PROCEDURES**

- Breast biopsy
- EndoAFV (WavelinQ)
- Hip arthrocentesis
- Hysterosalpingogram (HSG)
  - Essure confirmation
- Myelogram
  - Cervical
  - Thoracic
  - Lumbar
- Thyroid biopsy (DeSoto only)
- Other \_\_\_\_\_

**ULTRASOUND**

Doppler if clinically indicated by radiologist  
 No Doppler

Transvaginal if clinically indicated by radiologist  
 No transvaginal

- Abdomen complete (diaphragm to iliac crest)
- Aorta
- Breast
- Carotid artery
- Gallbladder
- Liver
- Liver Doppler
- Liver w/elastography
- Obstetric
  - 1st trimester
  - 2nd trimester
  - 3rd trimester
- Other \_\_\_\_\_
- Pelvis (Iliac crest to pubic symphysis)
- Renal and  Bladder
- Scrotum  Doppler
- Soft tissue
- Transvaginal
- Thyroid/Parathyroid
- Arterial Doppler
  - Upper extremity
  - Lower extremity
- Venous Doppler
  - Upper extremity
  - Lower extremity

**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

**MAMMOGRAPHY**

- Screening or  Diagnostic
- Screening mammogram, and if indicated, an additional diagnostic mammogram and/or breast ultrasound

**INTERVENTIONAL PROCEDURES**

(DeSoto only)

- Biopsy (liver, lung, thyroid)
- Declot/Fistulagram
- Kyphoplasty/Vertebroplasty
- Permacath
  - Check
  - Exchange
  - Placement
  - Removal
- Vascular consultation to evaluate for:
  - Peripheral artery disease/Critical limb ischemia
  - Varicose veins
  - Uterine fibroid embolization
  - Non-healing wound
  - Pelvic congestion
  - Varicocele
  - Lower extremity swelling
- Other \_\_\_\_\_

**Patient considerations (check all that apply)**  Claustrophobic  Sedation (administered by RAYUS Radiology) All patients receiving sedation require a driver.

**Lab results** Creatinine \_\_\_\_\_ BUN \_\_\_\_\_ Blood draw date \_\_\_\_\_  On-site creatinine testing needed

**REPORTING METHOD**  STAT call # \_\_\_\_\_  STAT fax # \_\_\_\_\_  STAT/ASAP  
 CD to provider's office  Patient to hand carry CD/report

Provider name (print)	Provider location <b>City/Zip</b>	Phone #
Provider signature (required) <b>Do not use rubber stamp.</b>	NPI # (required for new providers)	Date



CENTER	PHONE/FAX	ADDRESS	HIGH-FIELD MRI	CT	ULTRA-SOUND	MAMMO	DXA	X-RAY	OTHER SERVICES
<b>DeSoto</b>	P: 214.420.5400 F: 214.420.5401	1750 N. Hampton Rd. DeSoto, TX 75115	●	●	●	●	●	●	3D mammography, Bone density, Breast cancer risk assessment, Breast MRI, Interventional radiology procedures, Biopsies, Kyphoplasty, Arthrogram, Myelogram
<b>Mansfield</b>	P: 214.420.5400 F: 817.453.8082	2975 E. Broad St., Suite 101 Mansfield, TX 76063	● (Open)	●	●			●	Arthrogram, Breast MRI
<b>McKinney</b>	P: 972.920.0120 F: 214.592.0035	7300 Eldorado Pkwy., Suite 170 McKinney, TX 75070	● (Oval)	●	●	●	●	●	3D mammography, Breast cancer risk assessment, Breast MRI, Bone density
<b>Plano (Independence)</b>	P: 972.920.0120 F: 972.208.1421	8080 Independence Pkwy., Suite 105 Plano, TX 75025	● (Wide-bore)	●	●	●	●	●	3D mammography, Breast cancer risk assessment, Breast biopsies, Arthrogram, Bone density
<b>Plano (Legacy)</b>	P: 972.920.0120 F: 214.778.0102	5425 W. Spring Creek Pkwy., Suite 110 Plano, TX 75024	●	●	●	●	●	●	3D mammography, Bone density, Breast cancer risk assessment
<b>Richardson</b>	P: 972.920.0120 F: 972.238.1222	4140 E. Renner Rd., Suite 100 Richardson, TX 75082	● (Open)	●	●			●	Arthrogram