

SCHEDULING
 P: 219.476.7226
 F: 219.476.4211
 E: Valpo.ordering@RAYUSradiology.com

- Patient will call to schedule
 Call patient to schedule

**FRANCISCAN HEALTH CROWN POINT
 DIAGNOSTIC IMAGING CENTER
 RAYUS RADIOLOGY**
 2411 LaPorte Ave.
 Valparaiso, IN 46383
 See back for directions

Franciscan HEALTH
 CROWN POINT
 DIAGNOSTIC IMAGING CENTER
 POWERED BY **RAYUS**
RADIOLOGY

Fax completed order form and copy of both sides of insurance card.

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.

**Clinical Decision Support (CDS)
 Required for Medicare Part B**

Modifier (determination) G-code (vendor)

Condition Acute Chronic
Is the exam/procedure related to an injury? No Yes **If yes** Initial Subsequent or Sequela

- Without contrast With contrast With/Without contrast Oral contrast
 Order creatinine test + GFR (See reverse side for GFR details.)
 Required for all patients receiving contrast > 60 y.o. OR see complete list on back.

CARDIAC

- Cardiac morph
 Cardiac MR/Viability
 Cardiac flow mapping
 Other _____

MRI

CT

L OR BIL

L OR BIL

NEURO

- Brain and/or Orbits
 IACs
 Pituitary
 Neck (soft tissue)
 Volumetric brain imaging (NeuroQuant®)
 What are you looking to measure? _____

SPINE

- Cervical
 Thoracic
 Lumbar
 Sacrum

CHEST/ABDOMEN/PELVIS

- Chest/Brachial plexus
 Abdomen organ - specify _____
 MRCP
 Pelvis
 Hip(s)

UPPER EXTREMITY

- Shoulder
 Elbow
 Forearm
 Wrist
 Hand
 Fingers

LOWER EXTREMITY

- Hip
 Femur
 Knee
 Tibia/Fibula
 Ankle (arch to hind foot)
 Foot (arch to toes)
 Other _____

MRA

- Brain
 Neck/Carotids
 Renal arteries
 Thoracic aorta
 Other _____

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

NEURO

- Brain and/or Orbits
 Facial bones
 IAC/Temporal bones
 Sinus
 TMJ
 Neck (soft tissue)

SPINE

- Cervical
 Thoracic
 Lumbar

BODY

- Chest
 Abdomen and/or Pelvis
 KUB (stone protocol/abdomen/pelvis)
 Hip(s)
 Urogram

UPPER EXTREMITY

- Shoulder
 Elbow
 Wrist

Other _____

LOWER EXTREMITY

- Knee
 Ankle
 Other _____

CTA

- Head
 Neck
 Chest PE (pulmonary embolism)
 Abdomen (aorta)
 Other _____

ULTRASOUND

- Doppler as clinically indicated by radiologist
 OR No Doppler
 Transvaginal study as clinically indicated by radiologist
 OR No transvaginal
 L OR BIL
 Complete Limited
- Aorta
 Screening
 Diagnostic
- Abdomen
 Limited (gallbladder, liver, pancreas)
 Complete (gallbladder, liver, pancreas, kidneys and spleen)
- Kidney
 Obstetric 1st 2nd 3rd trimester
- Pelvic
 Thyroid
 Scrotum
- Vascular studies
 Carotid
 Venous leg L OR BIL
 Venous arm L OR BIL
 Other _____

X-RAY

L OR BIL

- Views _____
 Body part _____
- SPINE**
 Cervical
 Thoracic
 Lumbar
 Other _____

**ELECTROCARDIOGRAM
 (EKG)**

- Electrocardiogram (EKG)

REPORTING METHOD

- CD w/report STAT/ASAP Read and call _____
 Report only Patient to carry CD Portal/Web viewing

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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SPECIAL INSTRUCTIONS

Order creatinine + GFR prior to MRI or CT exam with contrast for the following patients:

- Age 60 and older – lab values needed within 6 weeks of exam.
- With a history of one of the following – lab values needed within 6 weeks of exam:
 - Collagen Vascular Disease (Lupus, Scleroderma, etc.)
 - One kidney
 - CRI
 - Diabetes
 - History of kidney transplant
 - Kidney tumor
 - On dialysis or Polycystic Kidney Disease
 - Hypertension
- With prior GFR of 30-59 – lab values needed within 2 weeks of exam.
- With a prior to GFR of less than 30 – lab values needed within 1 week of exam.

MRI precluding history: Implantable Cardioverter Defibrillator (ICD), pacemaker and brain clip

- Order a different testing modality if any of the above apply.
- Each patient receives a questionnaire to rule out metal in the body prior to an MRI.
- Patients should be prepared to provide surgical history and bring stent information cards.

FRANCISCAN HEALTH CROWN POINT DIAGNOSTIC IMAGING CENTER RAYUS RADIOLOGY

2411 LaPorte Ave.
Valparaiso, IN 46383

Franciscan Health Crown Point Diagnostic Imaging Center Rayus Radiology is located on the east side of Valparaiso off of LaPorte Ave. in the medical office complex directly across from the retail shops, including Target.

FROM THE NORTH: Take Hwy. 49 south to the State Rd. 2 E. exit. Turn right at the end of the ramp and continue to the second stoplight. Target will be on your left. Turn right onto Legend Dr. The center is located in the front, left building indicated by Diagnostic Imaging.

FROM THE SOUTH: Take Hwy. 49 north to the State Road 2 E. exit. Turn left at the end of the ramp and continue to the second stoplight. Target will be on your left. Turn right onto Legend Dr. The center is located in the front, left building indicated by Diagnostic Imaging.

FROM THE EAST: Take State Rd. 30 W. and turn right at Sturdy Rd. Valparaiso University will be on your left. Turn right onto LaPorte Ave. Proceed down LaPorte - you will see the facility on your left, indicated by Franciscan Health Crown Point Diagnostic Imaging Center Rayus Radiology signage. At the next light, where Target is on your right, turn left onto Legend Dr. The center is located in the front, left building, indicated by Diagnostic Imaging.

FROM THE WEST: Take LaPorte Ave. E. past Valparaiso University. You will see the facility on your left, indicated by Franciscan Health Valparaiso CDI signage. At the next light, where Target is on your right, turn left onto Legend Dr. The center is located in the front, left building, indicated by Diagnostic Imaging.

