

# VASCULAR AND INTERVENTIONAL RADIOLOGY SERVICES

## SCHEDULING

P: 952.738.4477

F: 952.738.4525

E: RAYUSVascularCare@RAYUSradiology.com

☐ Maplewood

☐ St. Louis Park

☐ Woodbury

See back for addresses

CDI VASCULAR CARE  
IS NOW

**RAYUS**  
VASCULAR CARE™

|  |  |                 |  |   |
|--|--|-----------------|--|---|
| <b>PATIENT INFORMATION</b>   |  | Patient DOB     |  | <input type="radio"/> M <input type="radio"/> F |
| Patient name (as shown on insurance card)  |  | Primary phone # |  | Secondary phone #                               |
| <b>INSURANCE INFORMATION - Please bring all insurance information to appointment.</b>  |  |                 |  |   |
| Insurance name   |  | Insurance ID #  |  | Group #   |
|  |  |                 |  | Member #  |
| Pre-authorization/Pre-certification #  |  |                 |  |   |
| <input type="radio"/> No pre-authorization/Pre-certification required  |  |                 |  |   |
| Other  |  |                 |  |   |
| <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. |  |                 |  |   |

## CONSULT FOR

- ☐ Peripheral artery disease (PAD) or Critical limb ischemia (CLI)
- ☐ Claudication
- ☐ Venous disease
- ☐ Varicose veins
- ☐ Leg swelling
- ☐ Non-healing lower extremity wound
- ☐ Uterine fibroids (UFE)
- ☐ Pelvic venous congestion syndrome
- ☐ Varicocele
- ☐ IVC filter placement
- ☐ Chest port
- ☐ Dialysis fistula maintenance
- ☐ Venous access
- ☐ Other \_\_\_\_\_

## DIAGNOSTIC TESTING

### ☐ As determined by the vascular provider

- ☐ ABI with exercise
- ☐ ABI without exercise
- ☐ Venous ultrasound insufficiency study
- ☐ Arterial ultrasound
- ☐ Carotid ultrasound
- ☐ Thoracic outlet ultrasound

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## REFERRING PROVIDER INFORMATION

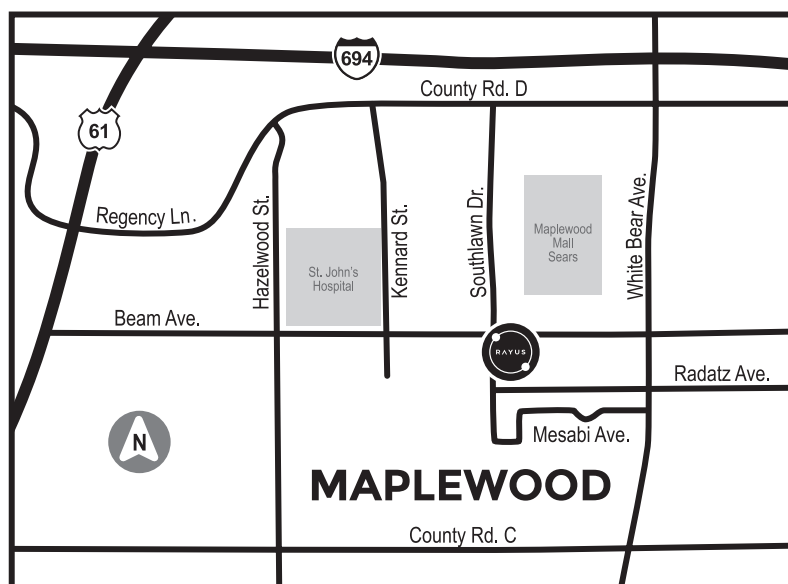
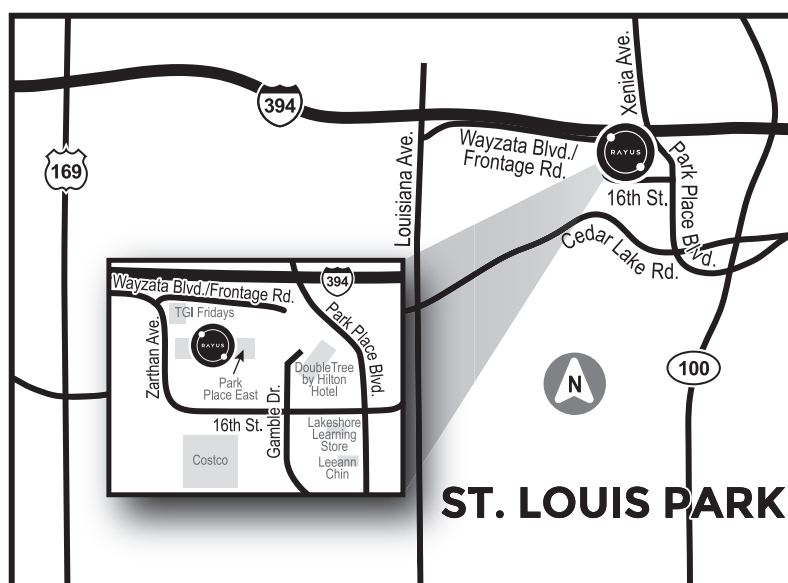
|   |                                    |         |
|---|------------------------------------|---------|
| Provider name (print)                                     | Provider location<br>City/Zip      | Phone # |
| Provider signature (required)<br>Do not use rubber stamp. | NPI # (required for new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

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VASCULAR CARE™**MAPLEWOOD**1790 Beam Ave.  
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