

# NEUROLOGICAL ORDER FORM

## SCHEDULING

P: 408.374.8897  
 F: 408.374.8995  
 E: LosGatosOrders@RAYUSradiology.com

## LOS GATOS

800 Pollard Rd., Suite B101  
 Los Gatos, CA 95032

Directions on back

- Patient will call to schedule
- Call patient to schedule

### If faxing an order, please include:

- Demographics
- Insurance card
- Clinical notes



TAX ID 52-1278857

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 #	

<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)
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		

## MRI

IV contrast as clinically indicated by radiologist OR  No contrast

### HEAD

- Brain  Brain w/ASL

### SCAN TYPE

- Headache
- Hydrocephalus/NPH
- Memory loss
- Memory loss with brain volumetric measurement and ASL
- MS
- MS w/brain volume measurement (MS METRIX)
- Seizure
- Seizure w/brain volumetric measurement and ASL
- Stroke
- Stroke with ASL
- Trauma
- Trauma with brain volume measurement/fiber tracking and ASL
- Tumor with ASL
- Tumor with fiber tracking and ASL
- Other \_\_\_\_\_

### SPINE

- Cervical
- Thoracic
- Lumbar
- Lumbosacral plexus

### MRA/MRV

#### MR ANGIOGRAPHY

- Head
- Neck

#### MR VENOGRAPHY

- Head \_\_\_\_\_
- Other \_\_\_\_\_

### OTHER

- Brain and/or Orbits
- IAC/Brain
- IAC
- Sella/Pituitary
- Sella/Pituitary/Brain
- Brachial plexus  L  R

- Arterial spin labeling (ASL) - Diffusion weighed imaging w/out contrast
- Functional MRI (fMRI)
- Volumetric brain imaging (NeuroQuant®) - What are you looking to measure? \_\_\_\_\_
- Fiber tracking - What are you looking to measure? \_\_\_\_\_

Previous treatments/imaging/exams <input type="radio"/> No <input type="radio"/> Yes What type _____ Location _____ Date _____		
<b>REPORTING METHOD</b> <input type="radio"/> CD <input type="radio"/> Provider's portal <input type="radio"/> STAT <input type="radio"/> Routine		
Provider name (print)	Provider address <b>Street/City/Zip</b>	Phone #
Provider signature (required) <b>Do not use rubber stamp.</b>	NPI # (required for new providers)	Date

**SCHEDULING**

P: 408.374.8897

F: 408.374.8995

E: LosGatosOrders@RAYUSradiology.com



**LOS GATOS**

800 Pollard Rd., Suite B101  
Los Gatos, CA 95032

**TRAVELING NORTH ON HWY. 17**

- Exit at Lark Ave. and turn left onto Lark Ave.
- Turn right onto Winchester Blvd.
- Turn left onto Knowles Dr.
- Continue on Knowles Dr. which turns into Pollard Rd.
- Turn left into the RAYUS Radiology parking lot.

**TRAVELING SOUTH ON HWY. 17**

- Exit at Lark Ave. and turn right onto Lark Ave.
- Turn right onto Winchester Blvd.
- Turn left onto Knowles Dr.
- Continue on Knowles Dr. which turns into Pollard Rd.
- Turn left into the RAYUS Radiology parking lot.

**TRAVELING NORTH ON HWY. 85**

- Exit Hwy. 17 South towards Santa Cruz
- Exit at Lark Ave. and turn right onto Lark Ave.
- Turn right onto Winchester Blvd.
- Turn left onto Knowles Dr.
- Continue on Knowles Dr. which turns into Pollard Rd.
- Turn left into the RAYUS Radiology parking lot.

**TRAVELING SOUTH ON HWY. 85**

- Exit at Winchester Blvd. and turn left onto Winchester Blvd.
- Turn left onto Knowles Dr.
- Continue on Knowles Dr. which turns into Pollard Rd.
- Turn left into the RAYUS Radiology parking lot.

