

SCHEDULING
 P: 800.537.0005
 F: 317.846.0557
 E: INDYsched@RAYUSradiology.com

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

- Patient will call to schedule
- Call patient to schedule

- Non-ambulatory
- Needs assistance

- Avon
 - Bloomington
 - Carmel
 - Fishers
 - Greenwood
 - Indianapolis E.
- Indianapolis NW
 - Lafayette
 - Muncie
 - Noblesville
 - Terre Haute

See back for 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.	Clinical Decision Support (CDS) Required for Medicare Part B		1. Metal in body or eye(s) <input type="radio"/> Y <input type="radio"/> N 2. Pacemaker <input type="radio"/> Y <input type="radio"/> N 3. Defibrillator <input type="radio"/> Y <input type="radio"/> N 4. Aneurysm clip(s) <input type="radio"/> Y <input type="radio"/> N 5. Pain pump <input type="radio"/> Y <input type="radio"/> N 6. Neurostimulator(s) <input type="radio"/> Y <input type="radio"/> N 7. Breast tissue expander(s) <input type="radio"/> Y <input type="radio"/> N 8. Implant(s) <input type="radio"/> Y <input type="radio"/> N 9. Pregnant <input type="radio"/> Y <input type="radio"/> N 10. Diabetic, history of cancer or kidney disease <input type="radio"/> Y <input type="radio"/> N 11. 60-years or older <input type="radio"/> Y <input type="radio"/> N
	Modifier (determination)	G-code (vendor)	
Is the exam/procedure related to an injury? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela			

MRI	CT	ULTRASOUND
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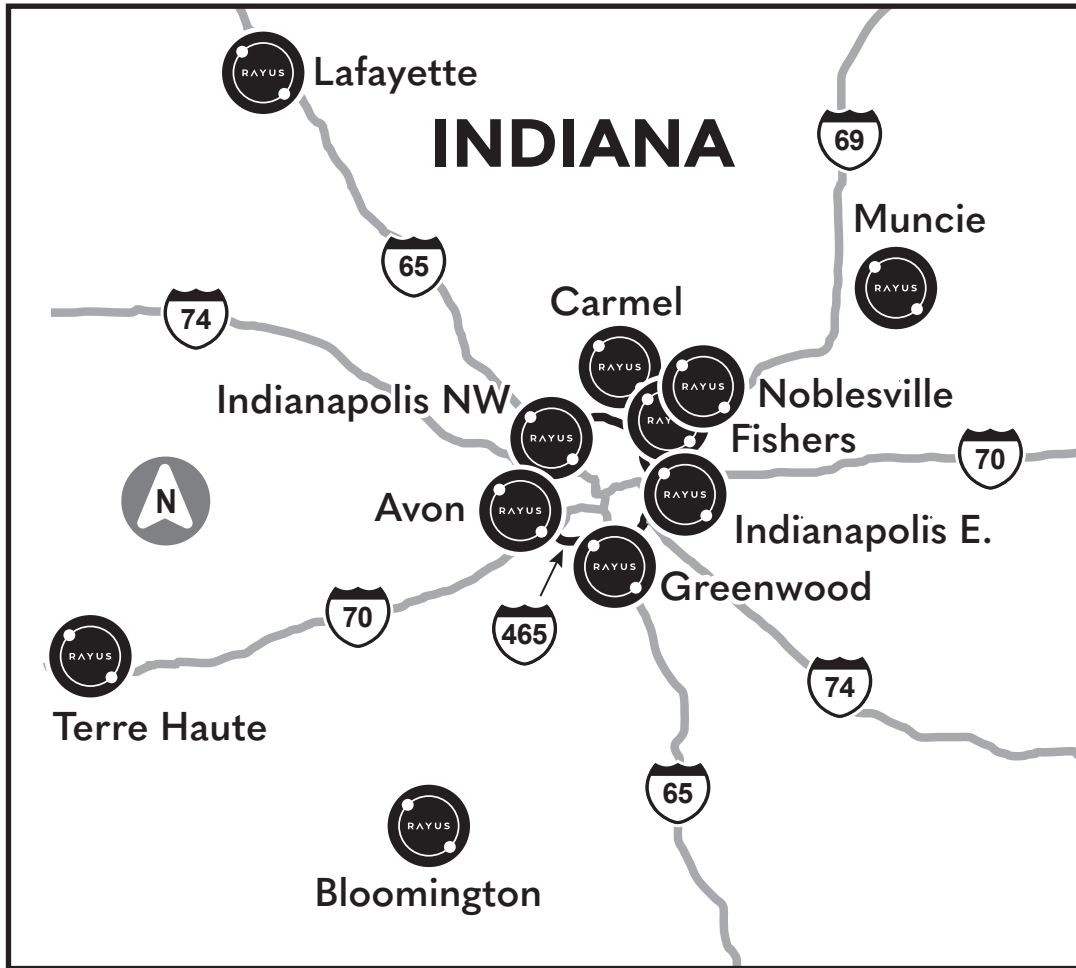
<p><input type="radio"/> IV contrast as clinically indicated by radiologist <input type="radio"/> No contrast</p> <p><input type="radio"/> Sedation for: <input type="radio"/> Pain <input type="radio"/> Claustrophobia</p> <p><input type="radio"/> 3T MRI (Carmel and Greenwood only)</p> <p style="text-align: center;">OL OR OBIL</p> <p><input type="radio"/> Arthrogram/MR to follow area of body <input type="radio"/> Other _____</p> <p>NEURO</p> <ul style="list-style-type: none"> <input type="radio"/> Brain and/or <input type="radio"/> Orbits <input type="radio"/> IACs <input type="radio"/> Pituitary <input type="radio"/> TMJ <input type="radio"/> Neck (soft tissue) <p>UPPER EXTREMITY</p> <ul style="list-style-type: none"> <input type="radio"/> Shoulder <input type="radio"/> Elbow <input type="radio"/> Wrist <input type="radio"/> Hand <p>LOWER EXTREMITY</p> <ul style="list-style-type: none"> <input type="radio"/> Thigh <input type="radio"/> Knee <input type="radio"/> Tibia/Fibula <input type="radio"/> Ankle (arch to hind foot) <input type="radio"/> Foot (arch to toes) <p>MRA</p> <ul style="list-style-type: none"> <input type="radio"/> Brain <input type="radio"/> Neck/Carotids <input type="radio"/> Renal arteries 	<p><input type="radio"/> IV contrast as clinically indicated by radiologist <input type="radio"/> No contrast</p> <p><input type="radio"/> 3D reconstructions as clinically indicated by radiologist <input type="radio"/> No 3D reconstructions</p> <p style="text-align: center;">OL OR OBIL</p> <p><input type="radio"/> Arthrogram/CT to follow area of body <input type="radio"/> Other _____</p> <p>CTA</p> <ul style="list-style-type: none"> <input type="radio"/> Abdomen (aorta) <input type="radio"/> Body part _____ <p>NEURO</p> <ul style="list-style-type: none"> <input type="radio"/> Head and/or <input type="radio"/> Orbits <input type="radio"/> Facial bones <input type="radio"/> Temporal bones <input type="radio"/> Sinus <input type="radio"/> Full <input type="radio"/> Limited <input type="radio"/> TMJ <input type="radio"/> Neck (soft tissue) <p>SPINE</p> <ul style="list-style-type: none"> <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <p>BODY</p> <ul style="list-style-type: none"> <input type="radio"/> Chest <input type="radio"/> Abdomen <input type="radio"/> KUB abdomen/pelvis (stone protocol) <input type="radio"/> Pelvis <input type="radio"/> Hip(s) <input type="radio"/> Urogram abdomen/pelvis <p>UPPER EXTREMITY</p> <ul style="list-style-type: none"> <input type="radio"/> Shoulder <input type="radio"/> Elbow <input type="radio"/> Wrist <p>LOWER EXTREMITY</p> <ul style="list-style-type: none"> <input type="radio"/> Knee <input type="radio"/> Ankle 	<p>(Avon, Carmel, Greenwood, Indianapolis NW and Muncie only)</p> <p><input type="radio"/> Transvaginal study if clinically indicated by radiologist <input type="radio"/> No transvaginal</p> <p><input type="radio"/> Abdominal/Pelvis Doppler if clinically indicated by radiologist <input type="radio"/> No Doppler</p> <p style="text-align: center;">OL OR OBIL</p> <p><input type="radio"/> Soft tissue neck</p> <p><input type="radio"/> Carotid/Vertebral artery</p> <p><input type="radio"/> Abdomen</p> <ul style="list-style-type: none"> <input type="radio"/> Limited <input type="radio"/> Complete <p><input type="radio"/> Renal and <input type="radio"/> Bladder</p> <p><input type="radio"/> OB < 14 weeks</p> <p><input type="radio"/> OB > 14 weeks</p> <p><input type="radio"/> Pelvis <input type="radio"/> Complete <input type="radio"/> Limited</p> <p><input type="radio"/> Scrotum <input type="radio"/> Doppler</p> <p><input type="radio"/> Arterial Doppler of upper/lower extremities</p> <p><input type="radio"/> Venous Doppler of upper/lower extremities</p> <p><input type="radio"/> Soft tissue mass</p> <p><input type="radio"/> Other _____</p>
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NUCLEAR MEDICINE	CT-GUIDED THERAPEUTIC INJECTIONS	DIAGNOSTIC INJECTIONS/ PAIN MANAGEMENT PROCEDURES
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<p>(Carmel and Muncie only)</p> <p><input type="radio"/> SPECT as clinically indicated by radiologist <input type="radio"/> No SPECT</p> <ul style="list-style-type: none"> <input type="radio"/> Bone - Whole/Limited/3-Phase: specify _____ <input type="radio"/> White blood cell <input type="radio"/> Cisternogram <input type="radio"/> Gastric emptying <input type="radio"/> ProstaScint <input type="radio"/> Renal <input type="radio"/> Other _____ <p><input type="radio"/> DaTscan</p> <p><input type="radio"/> Thyroid</p> <p><input type="radio"/> MUGA</p> <p><input type="radio"/> Hepatobiliary/Gallbladder</p>	<p style="text-align: center;">OL OR OBIL</p> <p><input type="radio"/> Marcaine & Steroid <input type="radio"/> Marcaine only</p> <ul style="list-style-type: none"> <input type="radio"/> Shoulder <input type="radio"/> Hip <input type="radio"/> Knee <input type="radio"/> Other _____ <p style="text-align: center;">KYPHOPLASTY</p> <p><input type="radio"/> Evaluate - Office consultation and possible treatment as determined by the radiologist</p> <p style="text-align: center;">If you would like to order a mammogram or bone density screening, please use our breast and body order form.</p>	<p>(Avon, Carmel, Fishers, Greenwood and Noblesville only)</p> <p><input type="radio"/> Office consultation and possible treatment as determined by radiologist</p> <p><input type="radio"/> Bone marrow aspirate concentrate (BMAC) (Carmel only)</p> <p><input type="radio"/> Platelet rich plasma (PRP) (Carmel only)</p> <p><input type="radio"/> Myelogram/CT to follow</p> <ul style="list-style-type: none"> <input type="radio"/> Cervical (Carmel only) <input type="radio"/> Thoracic (Carmel only) <input type="radio"/> Lumbar <p><input type="radio"/> Discogram/CT to follow</p> <ul style="list-style-type: none"> <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <p><input type="radio"/> Epidural steroid injection</p> <ul style="list-style-type: none"> <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <p><input type="radio"/> Selective nerve root block</p> <p>Levels _____</p> <p><input type="radio"/> Facet joint injection</p> <p>Levels _____</p> <p><input type="radio"/> Joint injection - specify _____</p> <p><input type="radio"/> Marcaine & Steroid <input type="radio"/> Marcaine only</p> <p><input type="radio"/> Other _____</p>
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On-site creatinine testing needed? Creatinine _____ Blood draw date _____

REPORTING METHOD		
<input type="radio"/> STAT/ASAP	<input type="radio"/> STAT call	<input type="radio"/> CD to provider's office
Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date



CENTER	ADDRESS	3T MRI	HIGH-FIELD MRI	HIGH-FIELD OPEN MRI	CT	INJECTIONS FOR PAIN	NUCLEAR MEDICINE	BONE DENSITY	3D MAMMO	ULTRA-SOUND	X-RAY
Avon	8607 E. US Hwy. 36, Suite 200 Avon, IN 46123		•		•	•		•	•	•	•
Bloomington	3802 Industrial Blvd., Suite 4 Bloomington, IN 47403		•	•	•						
Carmel	11900 N. Pennsylvania St., Suite 100 Carmel, IN 46032	•	•		•	•	•	•		•	•
Fishers	10206 Lantern Rd. Fishers, IN 46037		•		•	•					•
Greenwood	521 E. County Line Rd., Suite D Greenwood, IN 46143	•	•		•	•		•		•	•
Indianapolis E.	1250 N. Post Rd., Suite A Indianapolis, IN 46219		•		•						•
Indianapolis NW	7151 Marsh Rd., Suite 100 Indianapolis, IN 46278		•		•			•	•	•	•
Lafayette	3738 Landmark Dr., Suite D Lafayette, IN 47905		•	•	•						•
Muncie	3631 N. Morrison Rd., Suite 105 Muncie, IN 47304		•		•			•	•	•	•
Noblesville	13436 Tegler Dr., Suite 400 Noblesville, IN 46060		•	•	•	•					
Terre Haute	4313 S. 7th St. Terre Haute, IN 47802		•	•	•						