RAYUS PAIN CARE ORDER FORM

SCHEDULING

O Sartell See back for address

P: 320.229.4633 F: 320.229.4686 E: RAYUSstcsched@RAYUSradiology.com

O Patient will call to schedule O Call patient to schedule



PATIENT INFORMATION				Patient DOB			ОМ	1 OF
Patient name (as shown on insurance card)	Primary phone #		Seco	Secondary phone #				
O Please release my records from the referring provider listed below to RAYUS. Patient signature (required if releasing the release my records from the referring provider listed below to RAYUS.					records)			
INSURANCE INFORMATION								
Insurance name		Insurance II	Insurance ID #		Group #		Member #	
Claim #		Adjuster			Pho	Phone #		
O Auto O Workers' comp O Commercial/Private	Date of injury	Attorney			Pho	Phone #		
(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)			
					wounter			
Is the exam/procedure related to an injury? O No	O Yes If yes O	nitial O Subseque	nt or O Sequela					

COMPREHENSIVE PAIN CARE EVALUATION FOR:

O Pain care consult and treat as clinically indicated

O Regenerative medicine (PRP/BMAC) consult and treat as clinically indicated

O Other _

RECOMMENDATIONS MAY INCLUDE:

 Physical therapy 	 Injections: 	Imaging:
 Behavioral health evaluation 	 Epidurography/Epidural steroid 	- MRI
• Medication management in partnership	- Facet joint steroid	- CT
with primary care provider	- Facet nerve block	- X-ray
Surgical consults	- Selective nerve root block	
	- Spinal cord stimulator trials	

Regular updates on patient's progress will be provided to you by our RAYUS Pain Care team.

REFERRING PROVIDER INFORMATION							
Provider name (print)	Provider location		Phone #				
	Cit	y/Zip					
Provider signature (required)	Date (required)	Time (required)	NPI # (required for new providers)				
Do not use rubber stamp.		am					
		pm					

SARTELL

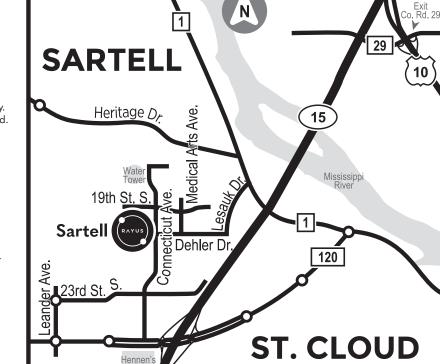
1901 Connecticut Ave. S., Suite 200 Sartell, MN 56377

FROM INTERSTATE 94: Take Hwy. 15 north to Cty. Rd. 120. Take the exit for Cty. Rd. 120, turn left by crossing through the diamond intersection and follow to Connecticut Ave. (about 1 block). Turn right onto Connecticut Ave. and drive ½ a mile. Turn left into the RAYUS Radiology parking lot.

FROM HWY. 10: Traveling west on Hwy. 10, take the Cty. Rd. 29 exit and at the off ramp turn left and follow Cty. Rd. 29 to Hwy. 15. Turn left at the stoplight onto Hwy. 15 and follow to Cty. Rd. 120. Turn right onto Connecticut Ave. and drive ½ a mile. Turn left into the RAYUS Radiology parking lot.

Traveling east on Hwy. 10, take the Hwy. 15 exit to St. Cloud and follow to Cty. Rd. 120. Turn right onto Connecticut Ave. and drive ½ a mile. Turn left into the RAYUS Radiology parking lot.

FROM HWY. 23: Traveling east on Hwy. 23, take a left at Hwy. 15 and follow north to Cty. Rd. 120. Take the exit for Cty. Rd. 120, turn left by crossing through the diamond intersection and follow to Connecticut Ave. (about 1 block). Turn right onto Connecticut Ave. and drive ½ a mile. Turn left into the RAYUS Radiology parking lot.





To I-94 and Hwy. 23