

# ENT ORDER FORM

## SCHEDULING

P: 503.253.1105  
 F: 503.535.8394  
 E: ORRAYUSorders@RAYUSradiology.com

- Bethany
- Gateway
- Hall/Nimbus
- Happy Valley
- Slabtown

- Patient will call to schedule
- Call patient to schedule



See back for addresses

Appointment date and time		Check-in time	Patient DOB	Sex assigned at birth <input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)		Primary phone #	Secondary phone #	
Insurance name		Insurance ID #	Authorization #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private <input type="radio"/> No insurance		Date of injury	Claim #	Attorney name

<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?**  No  Yes **If yes**  Initial  Subsequent or  Sequela

**Area of body**  R  L  BIL

## MRI CT

**IV contrast as clinically indicated by radiologist OR No contrast**

- Brain
- Orbits
- IAC
  - Routine
  - Prior surgery
  - Cholesteatoma
- Pulsatile tinnitus
  - CT temporal
  - MRI brain IAC W/WO and MRA brain
- Soft tissue neck
  - Parotid/Submandibular gland
  - Facial nerve (MRI brain W/WO with dedicated high resolution images)
  - Cranial nerve (MRI brain W/WO)
  - Trigeminal nerves (MRI brain W/WO)
  - Frontal sinus (obliteration protocol/MR sinus)
  - Face/Neck
  - Other \_\_\_\_\_

**IV contrast as clinically indicated by radiologist OR No contrast**

- Sinus
  - Routine sinus
  - Pre-surgical planning navigational sinus
  - Please check appropriate protocol**
    - Stryker
    - Medtronic - Stealth
    - Medtronic - Fusion
    - LandmarX
    - Other \_\_\_\_\_
- Soft tissue neck (frontal sinus to sternum)
  - Parathyroid protocol
  - Salivary/Submandibular gland/Stone protocol
  - Referred otalgia
  - Vocal cord paralysis  L  R
- Mastoids/Temporal bone
  - Acoustic neuroma protocol
- Maxillofacial
- Orbits
- TMJ W/3D reconstruction
- Chest
- Neck/Chest
- Neck/Chest/Abdomen/Pelvis
- Other \_\_\_\_\_

## BIOPSY

- Core biopsy - area of body \_\_\_\_\_
- Fine needle aspiration
- MRI-guided
- CT-guided
- Ultrasound-guided

## NUCLEAR MEDICINE

*(Gateway only)*

**SPECT as clinically indicated by radiologist OR No SPECT**

- Thyroid
- Parathyroid
- Other \_\_\_\_\_

## ULTRASOUND

- Thyroid
- Neck soft tissue
- Other \_\_\_\_\_

## PET/CT

*(Gateway only)*

- Skull vertex to thigh (initial staging)
- Skull vertex to thigh (restaging)
- Whole-body - specify \_\_\_\_\_
- Other \_\_\_\_\_

**Prior studies**  No  Yes Location of prior studies \_\_\_\_\_

**Patient consideration**  Sedation (administered by RAYUS Radiology) *All patients receiving sedation require a driver.*

**Lab results** Creatinine \_\_\_\_\_ BUN \_\_\_\_\_ Blood draw date \_\_\_\_\_  On-site creatinine testing needed\*  
\*Lab values may be needed within 30 days of the exam for IV contrast if the patient: 1) is diabetic, 2) is 60 years or older, 3) is on chemotherapy, 4) has history of kidney or liver disease or 5) has hypertension

**REPORTING METHOD**  Report only  Report & images  Report & CD  Phone report  Fax report

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

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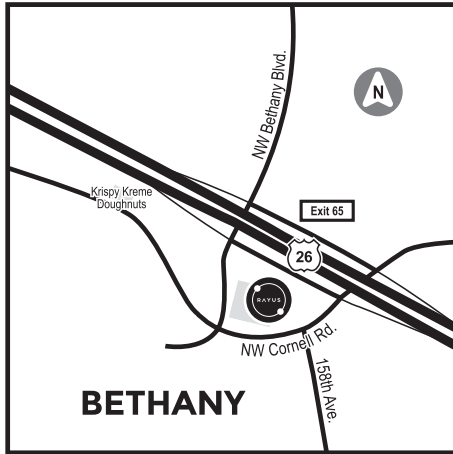
E: ORRAYUSorders@RAYUSradiology.com



**PATIENT PREPARATION**

To help ensure your experience is as easy as possible please:

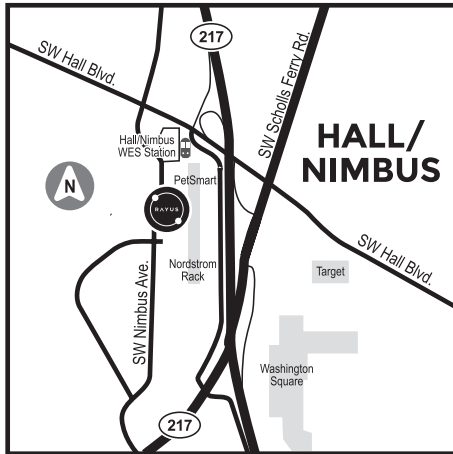
- Bring this form and your insurance card with you on the day of your exam.
- Take nothing by mouth for 2 hours prior to your exam.
- Please bring any prior MRI, CT or X-ray films with you to your exam.
- Call the center if you need assistance: 503.253.1105.



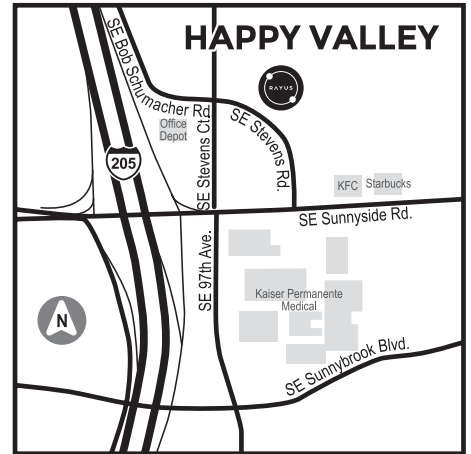
**BETHANY**  
1500 NW Bethany Blvd.  
Suite 100  
Beaverton, OR 97006



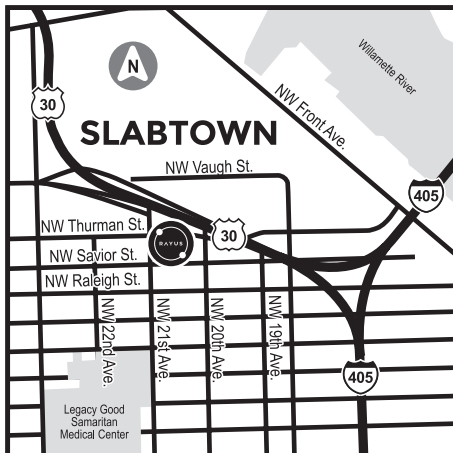
**GATEWAY**  
233 NE 102nd Ave.  
Portland, OR 97220



**HALL/NIMBUS**  
8950 SW Nimbus Ave.  
Beaverton, OR 97008



**HAPPY VALLEY**  
10121 SE Sunnyside Rd.  
Suite 170  
Clackamas, OR 97015



**SLABTOWN**  
2055 NW Savor St.  
Suite 110  
Portland, OR 97209