

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	

(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)
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		

Area of body _____ R L BIL

MRI	BREAST IMAGING	ULTRASOUND
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IV contrast as clinically indicated by radiologist
 OR No contrast

Brain and/or orbits Brain w/ MRA
 X-ray orbits metal screening

Spine
 Cervical Thoracic Lumbar

Extremity _____
 Arthrogram _____
 Other _____

L R BIL

Mammogram
 Screening Diagnostic

Proceed with additional diagnostic workup per radiologist's discretion (excludes MCR/MCD patients)

Breast MRI
 Ultrasound

Abdomen Complete Limited _____

Abdomen w/Doppler liver study w/Elastography

Mesenteric
 Renal/Bladder Renal Artery Doppler

Bladder only
 Prostate
 Pelvic w/TV if indicated

Follicular
 OB w/TV if indicated <14 weeks 14+ weeks

Lower Ext Venous Arterial
 Upper Ext Venous Arterial

ABI Thyroid Scrotal w/Doppler if indicated

Soft tissue-location _____ R L BIL

Other _____

Order includes TV exam for all OB and pelvic orders, if clinically indicated. Order includes Doppler for all scrotal orders, if clinically indicated. Or opt out below.
 Mark this box to opt out of TV/Doppler.

CT

IV contrast as clinically indicated by radiologist
 OR No contrast

Abdomen
 Pelvis
 Abdomen/Pelvis
 Chest
 Chest/Abdomen/Pelvis
 Lung cancer screening - use Lung Screening pad

Spine
 Cervical Thoracic Lumbar

Urogram (CT abdomen/CT pelvis)
 Stone protocol KUB w/ & w/o

Small bowel (abdomen/pelvis) (enterography protocol)

Virtual colonoscopy
 Screening Diagnostic

Head
 Sinus Maxillofacial

Soft tissue neck
 Parathyroid

Dentascan
 Maxilla Mandible

Calcium score screening
 Extremity _____
 Other _____

BIOPSIES/ASPIRATIONS

Body part _____

Image-guided core biopsy - modality:
 MRI
 CT
 Ultrasound

Fine needle aspiration
 Other _____

THERAPEUTIC PROCEDURES

Image-guided pain injections
 Joint - specify _____

Thoracentesis
 Paracentesis
 Other _____

X-RAY

Views _____

FLUOROSCOPY

Barium enema w/ or w/o air contrast

Hysterosalpingogram

Upper GI w/ or w/o small bowel series

Barium swallow w/ or w/o upper GI

Voiding cystourethrogram

DXA/BMD SCAN

Screening or Diagnostic

• History of pathological fracture? No Yes

• Age-related osteoporosis w/o current pathological fracture?
 No Yes

• Estrogen deficiency/clinical risk for osteoporosis?
 No Yes

• Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? No Yes

NUCLEAR MEDICINE

(Gateway only)

SPECT as clinically indicated by radiologist
 OR No SPECT

Bone Thyroid Gallbladder Parathyroid
 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 _____

Study read by Tim Sellers, DC, DACBR Edith Dal Mas, DC, DACBR MD radiologist

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 City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date

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PATIENT PREPARATION

ARTHROGRAM • DXA SCAN • VOIDING CYSTOURETHROGRAM

No preparation is necessary.

PET/CT • NUCLEAR MEDICINE SCAN

Call the center for instructions: 503.253.1105

CT • MRI

Bring prior MRI, CT or X-ray films. Call for instructions: 503.253.1105

MAMMOGRAM

Do not wear powder, deodorant or lotion.

UPPER GI/SMALL BOWEL SERIES

- Nothing to eat or drink after 10 p.m. the evening prior to the exam.
- Refrain from chewing gum or smoking until the exam is completed.
- Note: An Upper GI with small bowel series may take several hours. Average exam time is 1½ hours.

HYSTEOSALPINGOGRAM

Call the center for instructions: 503.253.1105

BARIUM ENEMA/AIR CONTRAST

The day before the exam:

- Clear liquid only, unlimited quantity. No solid foods.
- Take 5 Dulcolax tablets at 6:30 p.m.
- At 9 p.m., take a large warm water enema (one quart or more).

The day of the exam:

- Repeat enema upon rising.

ULTRASOUND

Abdomen (Exam includes liver, pancreas, aorta, gall bladder, spleen and kidneys)

- Nothing by mouth after 10 p.m. the evening prior to the exam.
- Abdominal aorta aneurysm - No food or fluids for 6 hours.

Renal

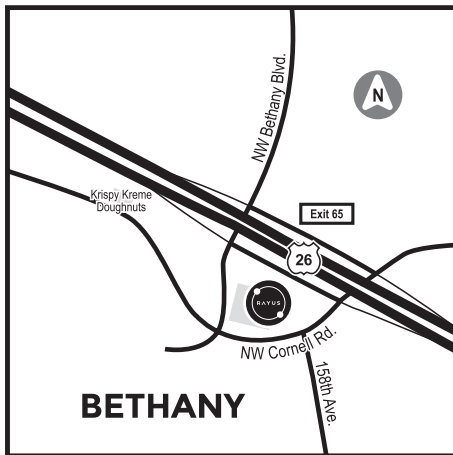
- Well hydrated.

OB/GYN (Exam includes evaluation of pregnancy, uterus, and ovaries)

- Drink 32 ounces of water one hour prior to the exam. Do not empty your bladder until the exam is completed.

Sonohysterogram

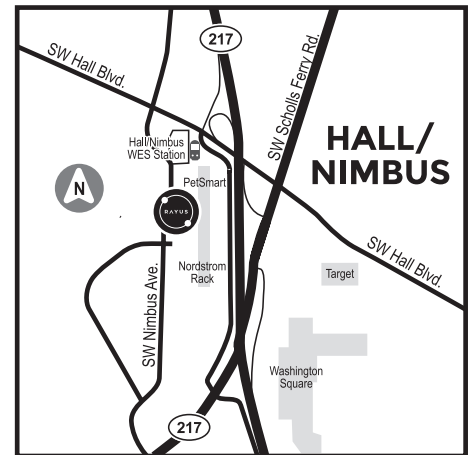
- Drink 32 ounces of water one hour prior to your exam. Do not use the restroom until you have been directed to do so by one of our staff members.



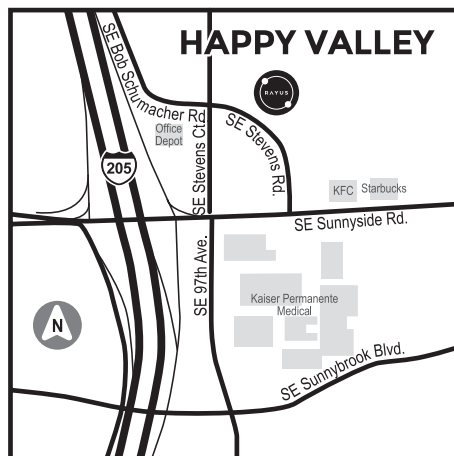
BETHANY
1500 NW Bethany Blvd., Suite 100
Beaverton, OR 97006



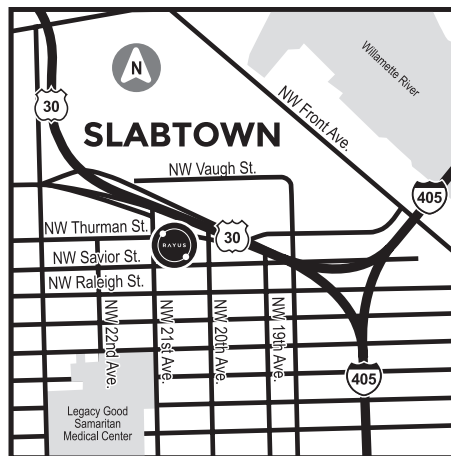
GATEWAY
233 NE 102nd Ave.
Portland, OR 97220



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



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



SLABTOWN
2055 NW Saviour St., Suite 110
Portland, OR 97209