

# WOMEN'S IMAGING ORDER FORM

## SCHEDULING

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

- Bethany
  - Gateway
  - Hall/Nimbus
  - Happy Valley
  - Slabtown
- See back for addresses

- Patient will call to schedule
- Call patient to schedule



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"/> Commercial/Private <input type="radio"/> No insurance	
(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include specific clinical indications (such as location, laterality, 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)
Prior studies <input type="radio"/> Yes <input type="radio"/> No Location of prior studies _____				

<h3 style="text-align: center;">3D MAMMOGRAPHY (TOMOSYNTHESIS)</h3> <p style="text-align: center;">OL OR OBIL</p> <ul style="list-style-type: none"> <li><input type="radio"/> Screening</li> <li><input type="radio"/> Diagnostic</li> <li><input type="radio"/> Proceed with additional diagnostic workup per radiologist's discretion (excludes MCR/MCD patients)</li> <li><input type="radio"/> Breast MRI</li> <li><input type="radio"/> Ultrasound</li> <li><input type="radio"/> Breast biopsy</li> <li><input type="radio"/> Aspiration</li> </ul> <p><b>Please indicate findings below</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Lump</li> <li><input type="radio"/> Localized nodularity</li> <li><input type="radio"/> Dimpling or contour deformity</li> <li><input type="radio"/> Suspicious nipple discharge</li> <li><input type="radio"/> Non-cyclical localized pain or tenderness</li> <li><input type="radio"/> Search for unknown primary cancer</li> <li><input type="radio"/> Suspected complications of breast implants</li> </ul> <p>Specify _____</p>	<h3 style="text-align: center;">ADVANCED BREAST IMAGING</h3> <p style="text-align: center;">OL OR OBIL</p> <p><b>Follow-up of equivocal mammogram, staging, pre-surgical planning.</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Have a radiologist call for a consult</li> <li><input type="radio"/> Breast MRI (high risk)</li> <li><input type="radio"/> Abbreviated breast MRI (moderate risk)</li> <li><input type="radio"/> Ultrasound (moderate risk, dense breast)</li> <li><input type="radio"/> Image-guided core biopsy - modality: _____                         <ul style="list-style-type: none"> <li><input type="radio"/> MRI-guided</li> <li><input type="radio"/> Ultrasound-guided</li> <li><input type="radio"/> Stereotactic-guided</li> </ul> </li> <li><input type="radio"/> Fine needle aspiration (lymph node)</li> <li><input type="radio"/> Cyst/Abscess aspiration</li> <li><input type="radio"/> Other _____</li> </ul>	<h3 style="text-align: center;">FERTILITY STUDIES</h3> <p><b>Proof of a negative pregnancy test is required prior to fertility studies.</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Hysterosalpingogram (HSG) (fallopian tubes)</li> <li><input type="radio"/> Sonohysterogram (endometrium)</li> </ul>
<b>INCONTINENCE/PROLAPSE</b>		
<ul style="list-style-type: none"> <li><input type="radio"/> Fluoroscopic cystodefecography (Gateway only)</li> <li><input type="radio"/> MRI pelvic prolapse</li> </ul>		
<b>X-RAY/BONE DENSITY</b>		
<ul style="list-style-type: none"> <li><input type="radio"/> Specify _____</li> <li><input type="radio"/> DXA scan (osteoporosis screening)                         <ul style="list-style-type: none"> <li>• History of pathological fracture? <input type="radio"/> No <input type="radio"/> Yes</li> <li>• Age-related osteoporosis w/o current pathological fracture? <input type="radio"/> No <input type="radio"/> Yes</li> <li>• Estrogen deficiency/clinical risk for osteoporosis? <input type="radio"/> No <input type="radio"/> Yes</li> <li>• Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? <input type="radio"/> No <input type="radio"/> Yes</li> </ul> </li> <li><input type="radio"/> Asymptomatic postmenopausal</li> <li><input type="radio"/> Symptomatic postmenopausal</li> <li><input type="radio"/> On hormone replacement therapy</li> <li><input type="radio"/> None of the above</li> </ul>		
<b>COMMENTS</b>		

<b>REPORTING METHOD</b> <input type="radio"/> Report only <input type="radio"/> Report & images <input type="radio"/> Report & CD <input type="radio"/> Phone report _____ <input type="radio"/> 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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**PATIENT PREPARATION**

**MAMMOGRAM**

Do not wear powder, deodorant, or lotion.

**BREAST MRI**

Bring prior MRI or mammogram studies. Call the center for detailed instructions: 503.253.1105

**PET/CT**

Call the center for instructions: 503.253.1105

**HYSTEROSALPINGOGRAM**

Call the center for instructions: 503.253.1105

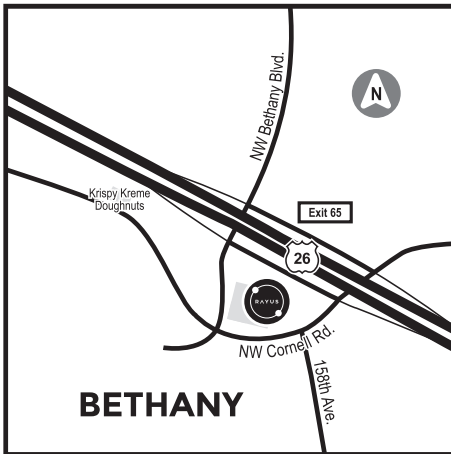
**ULTRASOUND**

**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.

**OB/Nuchal translucency**  
Call the center for instructions: 503.253.1105

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

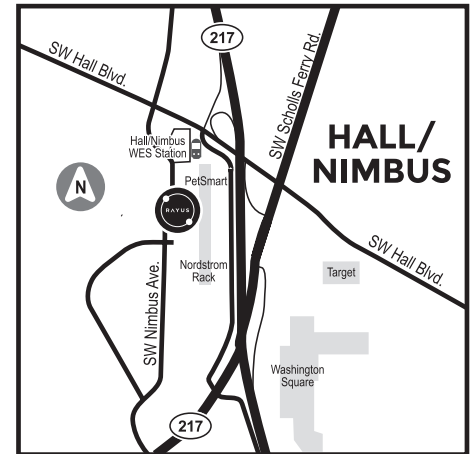
**Breast ultrasound**  
No preparation is necessary.



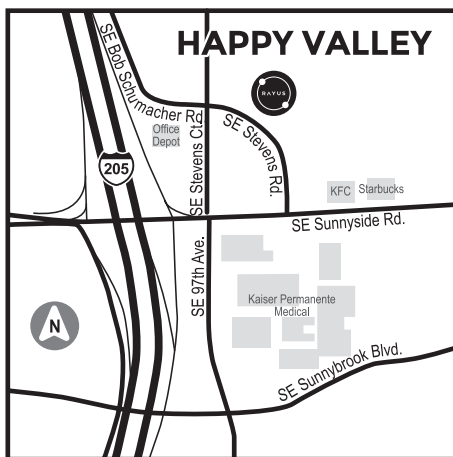
**BETHANY**  
1500 NW Bethany Blvd., Suite 100  
Beaverton, OR 97006



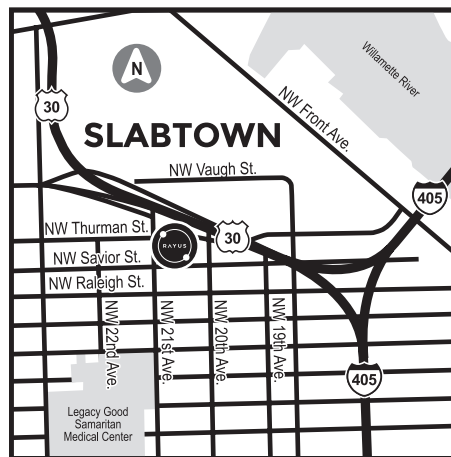
**GATEWAY**  
233 NE 102nd Ave.  
Portland, OR 97220



**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