

SCHEDULING

P: 540.581.0882
 F: 540.581.0881
 E: ROAorders@RAYUSradiology.com

- Patient will call to schedule
 Call patient to schedule

TAX ID: 272510062
NPI: 1831404284



See back for address

If unable to keep appointment, please contact us 24 hours in advance.

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 #	Pre-authorization #	Date of injury	<input type="radio"/> Auto <input type="radio"/> Workers' comp

RAYUS RADIOLOGY TO OBTAIN PRE-AUTHORIZATION

YES - Fax order, patient demographic, insurance and clinical notes to 540.581.0881 NO - If you have obtained the pre-authorization, include the authorization number

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

MRI

IV contrast as clinically indicated by radiologist
 OR NO contrast

NEURO

- Brain and/or Orbits
- Volumetric brain imaging (NeuroQuant®) - What are you looking to measure? _____
- Trigeminal nerve
- IAC
- Pituitary
- Neck (soft tissue)
- Spine
 - Cervical
 - Thoracic
 - Lumbar

MSK

- Extremity _____
- R L BIL
- Joint _____
- R L BIL Arthrogram (if indicated)

BODY

- Abdomen
- MRCP w/3D recons
- Pelvis
- Liver
- Prostate - PSA level _____
- Screening
- Diagnostic
- Kidneys
- Adrenal
- Pancreas

MRA

- Brain
- MRV brain
- Abdomen
- Neck/Carotids
- Renal arteries

OTHER

- X-ray orbits - Foreign body PRN
- TMJ
- Other _____

CT

IV contrast as clinically indicated by radiologist
 OR NO contrast

NEURO

- Brain and/or Orbits
- IAC
- Facial bones
 - Maxilla Mandible
- Sinus
 - Complete Stealth
- Neck (soft tissue)
- Spine
 - Cervical Thoracic Lumbar

MSK

- Extremity _____
- R L BIL Arthrogram (if indicated)

BODY

- Chest
- Abdomen
- Pelvis
- Abdomen/Pelvis
- Kidney stone protocol

CTA

- Brain
- Chest
- Abdomen (aorta)
- Neck/Carotids
- Renal arteries
- Extremity _____
- R L BIL

OTHER

- _____

X-RAY

- Views _____
- Chest
- Abdomen (KUB)
- Abdominal series
- Spine
 - Cervical Thoracic Lumbar
- Extremity _____
- R L BIL
- Abdomen, obstructive series
- Sinus
- Skull
- Other _____

ULTRASOUND

Transvaginal study if clinically indicated by radiologist
 OR No transvaginal

- Abdomen
- RUQ/Limited _____
- Aorta
- Pelvis (transabdominal)
- Transvaginal
- Renal Bladder only (PVR)
- Testicular scrotal
- Thyroid Parathyroid
- Soft tissue neck R L BIL
- FNA of thyroid/neck R L BIL
- Extremity (non-vascular) R L BIL
- Other _____

VASCULAR STUDIES

- Carotid
- Venous leg R L BIL

OTHER

- _____

PAIN MANAGEMENT**EPIDURAL STEROID INJECTION**

- Single Series of three
- Cervical Thoracic Lumbar

NERVE ROOT BLOCK

- Intercostal nerve block R L Level _____
- Lumbar R L Level _____

FACET INJECTIONS

- Lumbar R L Level _____

TRANSFORAMINAL INJECTIONS

- Thoracic R L Level _____
- Lumbar R L Level _____

OCCIPITAL NERVE BLOCK

- Occipital nerve block

MYELOGRAM

- Lumbar Level _____

OTHER

- _____

Lab results Creatinine _____ Blood draw date _____ On-site creatinine testing needed*
 *Lab values needed within 60 days of the exam for IV contrast if the patient 1) is 60 years or older, 2) has renal disease, 3) had a renal transplant or 4) has only one kidney.

REPORTING METHOD STAT ASAP CD w/patient Read and fax _____

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

SCHEDULING

P: 540.581.0882
F: 540.581.0881
E: ROAorders@RAYUSradiology.com



PATIENT PREPARATION

ALL PROCEDURES: REMEMBER TO STAY AS STILL AS POSSIBLE

- Wear comfortable clothing. Avoid underwire bras, zippers, buttons, metal snaps or pins. Leave valuables at home.
- Remember to bring your insurance card(s), referral forms, current list of medications and any outside CDs/films and reports.
- If you cannot keep your appointment, you must give at least **24 hours** notice of your cancellation.

MRI

An MRI/MRA exam requires no preparation. Medications should be taken as usual.

If you have one of the following: cardiac pacemaker, aneurysm clips in the brain, current known metal fragments in the eyes or pregnancy (unless clinically indicated), an MRI is not recommended. Please talk to our staff.

CT

If you are having a contrast CT, do not eat or drink anything but water 4 hours prior.

FOR ALL WOMEN

Inform the office if you are/may be **pregnant** or are **nursing**.

ULTRASOUND

Pelvic: No preparation for transvaginal ultrasound.

Exceptions: A) Patient is 18 or under or B) To rule out fibroids, drink 24 oz. of water 2 hours prior to examination. Do not urinate 2 hours before examination.

Kidney: Nothing to eat or drink (NPO) at least 2 hours before with exception of fluids to fill bladder.

Gallbladder and Abdomen: Do not eat or drink 6-8 hours prior to your examination. It is okay to take necessary meds with water.

Vascular: No preparation is required.

ROANOKE

2923 Franklin Rd. SW
Roanoke, VA 24014

FROM INTERSTATE 81: Take exit 143, which is Interstate 581. From Interstate 581 look for exit Wonju to Franklin Rd. There is no exit number. Continue on Wonju to the bottom of the hill and turn right onto Franklin Rd. Continue on Franklin Rd. RAYUS Radiology is located on the right.

FROM 220: Take the Franklin Rd. exit from 220N and turn right toward downtown Roanoke. Continue down Franklin Rd. for approximately one mile. RAYUS Radiology is located on the left.

