

SCHEDULING
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TAX ID 43-0652680
NPI 134651543

- Patient will call to schedule
- Call patient to schedule

- | | | |
|---|-----------------|-----------------|
| <input type="radio"/> Bridgeton | P: 314.739.0924 | F: 314.739.0832 |
| <input type="radio"/> Chesterfield | P: 636.519.7865 | F: 636.519.7866 |
| <input type="radio"/> Creve Coeur | P: 314.291.6736 | F: 314.991.1778 |
| <input type="radio"/> Ellisville | P: 636.733.8989 | F: 636.625.2898 |
| <input type="radio"/> Frontenac | P: 314.567.9729 | F: 314.567.9730 |
| <input type="radio"/> Midwest Breast Care | P: 314.567.4449 | F: 314.567.0762 |
| <input type="radio"/> O'Fallon (WingHaven*) | P: 636.625.4434 | F: 636.625.4432 |
| <input type="radio"/> South County | P: 314.209.5051 | F: 314.786.9679 |
| <input type="radio"/> St. Peters | P: 636.229.4247 | F: 636.229.4248 |



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

| | | |
|--|---|-----------------|
| (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 | | |

| | |
|---|--|
| <input type="radio"/> Without contrast <input type="radio"/> With contrast <input type="radio"/> With/Without contrast <input type="radio"/> IV contrast as clinically indicated by radiologist <input type="radio"/> On-site creatinine testing needed? Creatinine _____ Blood draw date _____ | 3D MAMMOGRAPHY <input type="radio"/> Screening <input type="radio"/> Diagnostic <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL |
|---|--|

| | | |
|------------|-----------|-------------------|
| MRI | CT | ULTRASOUND |
|------------|-----------|-------------------|

OPEN UPRIGHT MRI
 Open Upright MRI in Creve Coeur

HIGH-FIELD OPEN MRI
 Open-sided MRI at Ellisville

NEURO
 Brain and/or Orbits
 IACs
 Pituitary
 Neck (soft tissue)
 TMJ bilateral

SPINE
 Cervical Thoracic Lumbar
 Lumbar compression (weight-bearing)
 Flexion and/or Extension
(only available at Creve Coeur)

MSK
 Extremity non-joint _____
 L R BIL
 Extremity joint _____
 L R BIL Arthrogram

BODY Specify target organ: _____
 Bilateral breast
 Bilateral breast to R/O implant rupture
 Chest
 Abdomen
 Pelvis
 MRCP
 Prostate

OTHER
 Screening to R/O metal (X-ray or CT as available)
 Other _____

MRA
 Brain
 Neck/Carotids
 Renal arteries
 Other _____

3D reconstructions as clinically indicated by radiologist OR No 3D reconstructions

NEURO
 Brain and/or Orbits
 Pituitary
 Facial bones
 Temporal bones
 Sinus
 Full Limited Landmark
 Neck (soft tissue)

SPINE
 Cervical Thoracic Lumbar

MSK
 Extremity _____
 L R BIL Arthrogram

BODY
 Chest
 Abdomen
 Pelvis
 Abdomen & pelvis
 Urogram (abdomen/pelvis)
 Kidney stone protocol (abdomen/pelvis)

OTHER
 Orbits to R/O metal
 Other _____

CTA
 Chest
 Head
 Neck
 Other _____

BONE DENSITY

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

3D reconstructions as clinically indicated by radiologist OR No 3D reconstructions

Transvaginal as clinically indicated by radiologist OR No transvaginal

Abdomen Complete Limited
 Aorta
 Aortic aneurysm screening
 Breast/Axilla Complete Limited L R BIL
 Gallbladder
 Liver Doppler
 Pelvis Complete Limited
 Thyroid
 Renal and Bladder
 Scrotum (indicate Doppler above)
 Extremity _____ L R BIL

Vascular studies
 Carotid L R BIL
 Venous leg L R BIL
 Other _____

DIAGNOSTIC AND THERAPEUTIC INJECTIONS

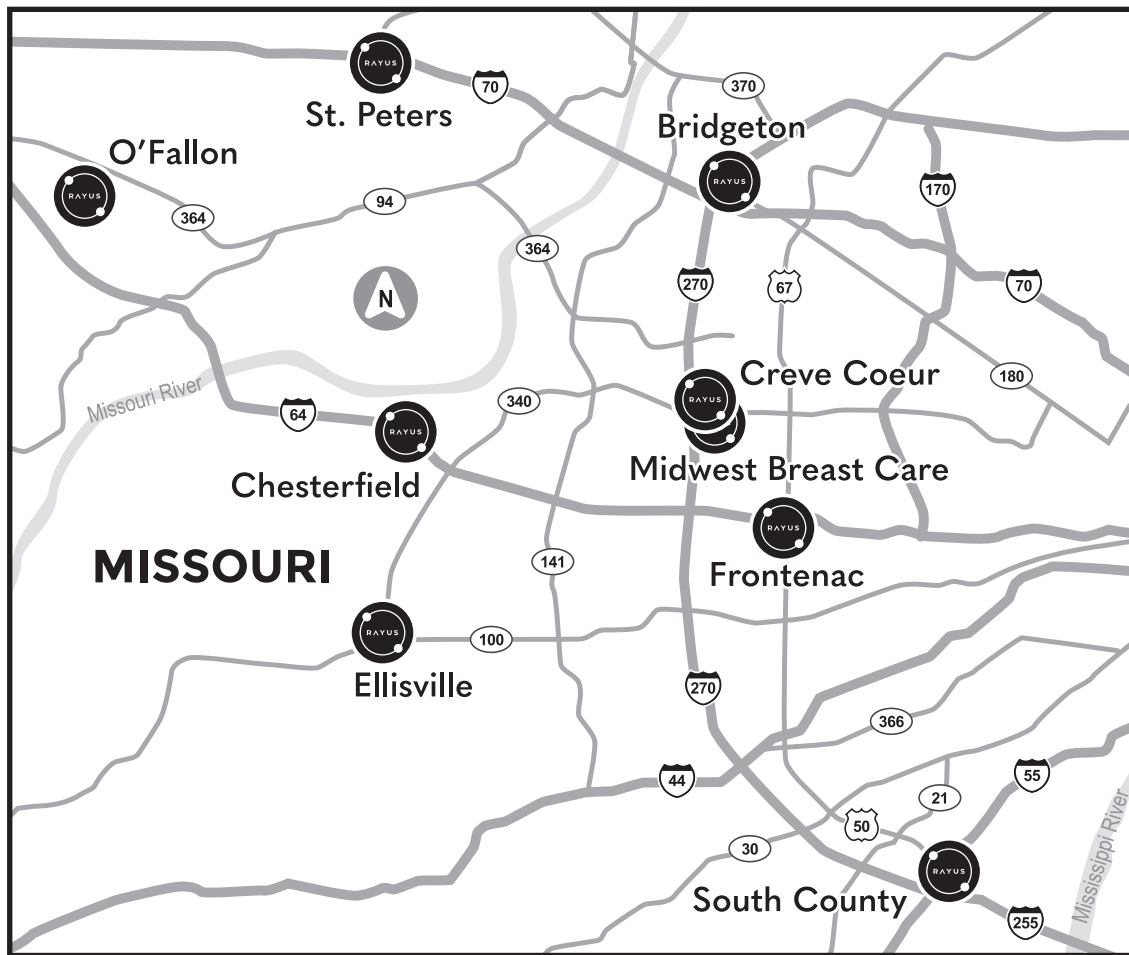
Body part _____ L R BIL
 Arthrograms
 Myelograms
Diagnostic and therapeutic injection consultation and treatment. Treatment may include:
 Epidural steroid injection
 SI joint injection
 Facet nerve injection
 Other _____

We also perform a variety of **diagnostic and therapeutic injections** at our Chesterfield, Frontenac, and St. Peters locations. Please see our **DTI-only scheduling form** for a complete list of all the injections we offer. To request one of these scheduling pads, contact your account executive.

X-RAY

Views _____
 Body part _____

| | | | | |
|---|--|--|---|--------------------------------|
| REPORTING METHOD | <input type="radio"/> CD w/report <input type="radio"/> Report only | <input type="radio"/> PT to carry CD <input type="radio"/> Portal/Web viewing | <input type="radio"/> STAT <input type="radio"/> Read and call | Report to (fax/phone/address): |
| Provider name (print) | Provider location City/Zip | | Phone # | |
| Provider signature (required) Do not use rubber stamp. | NPI # (required for new providers) | | Date | |



| CENTER | ADDRESS | MRI | OPEN MRI | 1.5 WIDE BORE MRI | CT | INJECTIONS FOR PAIN | 3D MAMMO | ULTRA-SOUND | X-RAY | OTHER SERVICES |
|------------------------------|---|-----|----------|-------------------|----|---------------------|----------|-------------|-------|--|
| Bridgeton | 3440 DePaul Ln., Suite 104 Bridgeton, MO 63044 | ● | | | ● | | ● | ● | ● | MRI breast biopsies, Breast MRI, Volumetric brain imaging, Bone density |
| Chesterfield | 6 McBride and Son Center Dr., Suite 101 Chesterfield, MO 63005 | ● | | ● | ● | ● | | | | MRI breast biopsies, Breast MRI, Arthrograms, Volumetric brain imaging |
| Creve Coeur | 11737 Olive Blvd. Creve Coeur, MO 63141 | | ● | ● | | | | | ● | |
| Ellisville | 19 Clarkson Rd. Ellisville, MO 63011 | ● | ● | | ● | | | ● | ● | Volumetric brain imaging |
| Frontenac | 10333-A Clayton Rd. Frontenac, MO 63131 | ● | | | ● | ● | | | ● | Arthrograms, Myelograms, Volumetric brain imaging |
| Midwest Breast Care | 450 N. New Ballas Rd., Suite 250N Creve Coeur, MO 63141 | | | | | | ● | ● | | Breast ultrasound, Interventional breast procedures and biopsies, Bone density |
| O'Fallon (WingHaven®) | 5551 WingHaven® Blvd., Suite 60 O'Fallon, MO 63368 | ● | | | ● | | ● | ● | | Breast MRI, Breast ultrasound, Volumetric brain imaging, Bone density |
| South County | 6940 S. Lindbergh Blvd St. Louis, MO 63125 | | | ● | ● | | | ● | ● | |
| St. Peters | 5200 Executive Centre Pkwy., Suite 400 St. Peters, MO 63376 | ● | | ● | ● | ● | ● | ● | ● | Arthrograms, Myelograms |