

CHIROPRACTIC ORDER FORM

SCHEDULING

P: 952.541.1840
F: 952.543.6524
E: TCorders@RAYUSradiology.com

- Patient will call to schedule
- Call patient to schedule

INSURANCE

SPECIALIST LINE
P: 952.541.1111

RADIOLOGIST CONSULTATION HOTLINE

P: 888.541.SCAN (7226)

- Blaine
 - Burnsville
 - Coon Rapids
 - Eagan
 - Eden Prairie
 - Highland Park
 - Lakeville
 - Maple Grove
 - Maplewood
 - North St. Paul
 - Otsego
 - Plymouth
 - Roseville
 - Shakopee
 - St. Louis Park
 - West St. Paul
 - Woodbury
- 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 #	Group #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury	Attorney name/claim #		

(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.

Is the exam/procedure related to an injury? No Yes **If yes** Initial Subsequent or Sequela

(REQUIRED) Area of body Cervical Thoracic Lumbar R L BIL

MRI	CT	DIAGNOSTIC AND THERAPEUTIC INJECTIONS		
<p><input type="radio"/> IV contrast as clinically indicated by radiologist OR <input type="radio"/> No contrast</p> <p><input type="radio"/> MRI</p> <ul style="list-style-type: none"> <input type="radio"/> High-field MRI <input type="radio"/> 3T MRI <input type="radio"/> Open MRI <input type="radio"/> Angiogram <input type="radio"/> Arthrogram (joint injection) <input type="radio"/> Brain volumetric imaging <p><input type="radio"/> OPEN UPRIGHT MRI</p> <ul style="list-style-type: none"> <input type="radio"/> Flexion <input type="radio"/> Extension <input type="radio"/> Standing <input type="radio"/> Whiplash protocol <input type="radio"/> Other _____ <p>MRI spine interpretations will be performed by a subspecialized spine radiologist and Stephen Fridinger, DC, DACBR, or Timothy Mick, DC, DACBR. If you prefer, you may request: <input type="radio"/> MD read only <input type="radio"/> Chiropractic read (includes MD read)</p>	<p><input type="radio"/> IV contrast as clinically indicated by radiologist OR <input type="radio"/> No contrast</p> <p><input type="radio"/> 3D reconstructions as clinically indicated by radiologist OR <input type="radio"/> No 3D reconstructions</p> <th style="text-align: center;">X-RAY</th> <p>Views <input type="radio"/> Standard _____ <input type="radio"/> Additional _____</p> <p>Read preference <input type="radio"/> Subspecialized chiropractic radiologist Timothy Mick, DC, DACBR or Stephen Fridinger, DC, DACBR <input type="radio"/> Subspecialized spine radiologist William Mullin, MD or Thomas Gilbert, MD, MPP <input type="radio"/> Other RAYUS preferred radiologist or RCS @ NWHSU: _____</p>	X-RAY	<p><input type="radio"/> Diagnostic and therapeutic injection consultation and treatment. Treatment may include: - Epidural steroid injection - SI joint injection - Facet nerve/Rhizotomy work-up - Rhizotomy <input type="radio"/> Other _____</p> <th style="text-align: center;">INTERVENTIONAL CONSULTATIONS AND PROCEDURES</th> <p><input type="radio"/> RAYUS Pain Care consultation <input type="radio"/> BMAC/PRP consultation</p> <p><input type="radio"/> Vascular consultation to evaluate for: <input type="radio"/> PAD/CLI <input type="radio"/> Non-healing wound <input type="radio"/> Varicose veins <input type="radio"/> Pelvic congestion <input type="radio"/> Uterine fibroid embolization <input type="radio"/> Other _____</p>	INTERVENTIONAL CONSULTATIONS AND PROCEDURES
ULTRASOUND				
<p><input type="radio"/> Doppler if clinically indicated by radiologist OR <input type="radio"/> No Doppler</p>				

Previous treatments/imaging/exams No Yes What type _____

Patient considerations (check all that apply) Requires transportation Allergies to contrast agents Diabetes Weight consideration Claustrophobic
 Interpreter needed (language) _____ Renal failure/dialysis Sedation (administered by RAYUS Radiology) *All patients receiving sedation require a driver.*
 Other _____

Lab results Creatinine _____ BUN _____ Blood draw date _____ On-site creatinine testing needed

REPORTING METHOD Routine Read and call _____ STAT/ASAP
 Hold and call _____ Patient to hand carry films/CD/report Next-day follow-up

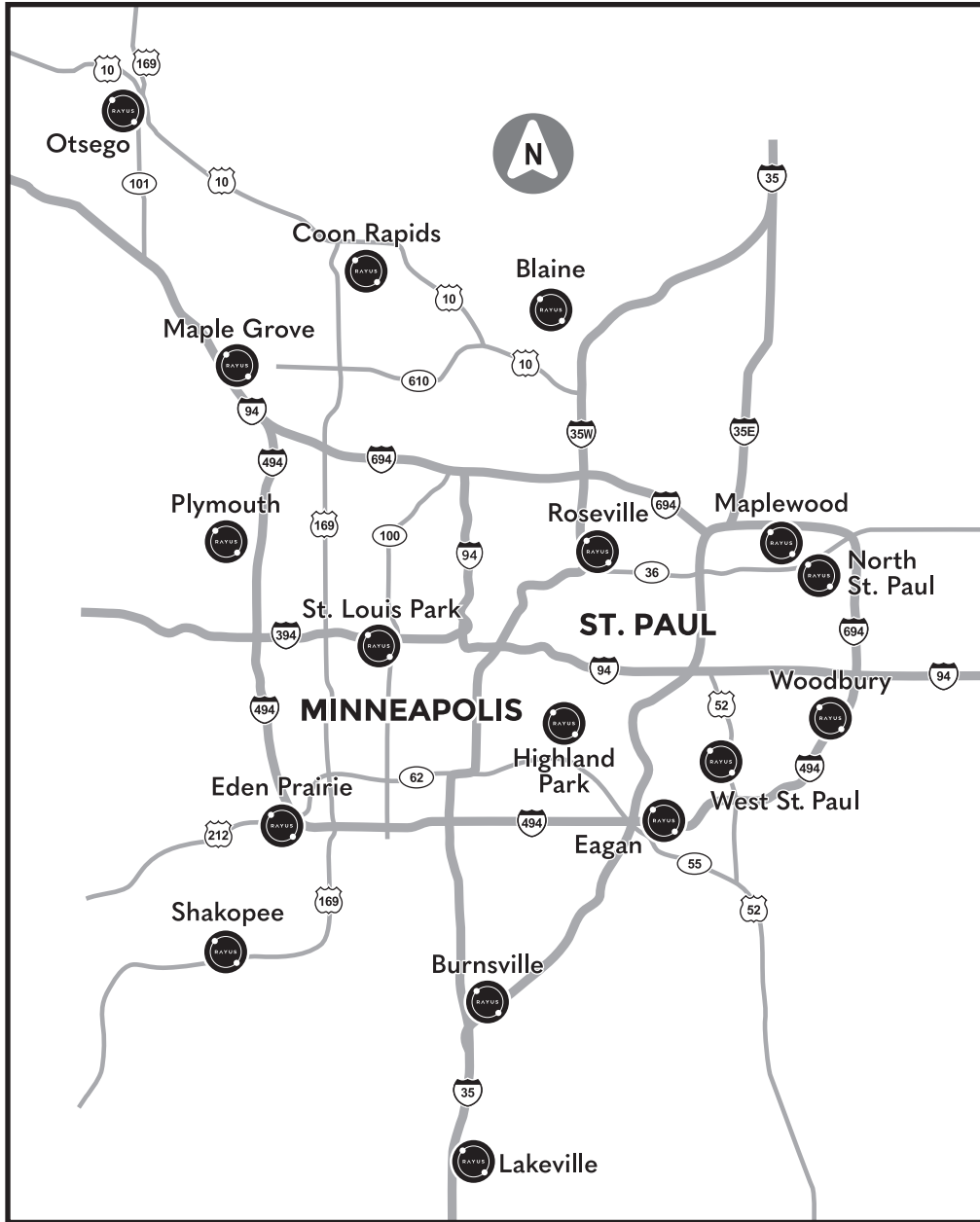
Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date

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BLAINE

2305 108th Ln. NE
Blaine, MN 55449

EDEN PRAIRIE

775 Prairie Center Dr., Suite 260
Eden Prairie, MN 55344

NORTH ST. PAUL

2601 Centennial Dr., Suite 108
North St. Paul, MN 55109

ST. LOUIS PARK

5775 Wayzata Blvd., Suite 190
St. Louis Park, MN 55416

BURNSVILLE

675 E. Nicollet Blvd., Suite 150
Burnsville, MN 55337

HIGHLAND PARK

2270 Ford Pkwy., Suite 202
St. Paul, MN 55116

OTSEGO

9040 Quaday Ave. NE, Suite 100
Otsego, MN 55330

WEST ST. PAUL

232 Wentworth Ave. E.
West St. Paul, MN 55118

COON RAPIDS

3833 Coon Rapids Blvd. NW, Suite 120
Coon Rapids, MN 55433

LAKEVILLE

10438 185th St. W., Suite 100
Lakeville, MN 55044

PLYMOUTH

15700 37th Ave. N., Suite 100
Plymouth, MN 55446

WOODBURY

6025 Lake Rd., Suite 130
Woodbury, MN 55125

EAGAN

2700 Vikings Cir., Suite 110
Eagan, MN 55121

MAPLE GROVE

9630 Grove Cir. N., Suite 100
Maple Grove, MN 55369

ROSEVILLE

1835 W. County Rd. C, Suite 180
Roseville, MN 55113

MAPLEWOOD

1790 Beam Ave.
Maplewood, MN 55109

SHAKOPEE

2995 Winners Circle, Suite 105
Shakopee, MN 55379