SCHEDULING

See specific market P: 855.643.7226

E: PSScheduling@RAYUSradiology.com

INSURANCE SPECIALIST LINE

P: 425.250.1160

MEDICAL RECORDS FAX LINE

P: 425.251.4307

O Patient will call to schedule O Call patient to schedule



O Federal Way O Federal Way - Breast Imaging P: 253.942 O Issaquah P: 206.524	.1044 F: 425.974.1033 0.5000 F: 425.740.5010 0.7226 F: 253.942.3517	O Port Orchard O Poulsbo O Puyallup O Renton	P: 36 P: 36 P: 25 P: 42	3.682.1666 F: 253.682.1667 0.598.3141 F: 360.598.3431 0.598.3141 F: 360.598.3431 3.286.2092 F: 253.848.2161 5.228.4000 F: 425.228.2789 6.524.5599 F: 206.524.5338	
Appointment date and time		Check-in time	Patient DOB	Sex assigned at birth O M O F	
Patient name (as shown on insurance card)		Primary phone #	S	econdary phone #	
Insurance name		Insurance ID #	(Group#	
O Auto O Workers' comp O Commercial/Private O No	Date of injury	Claim#	I		
(REQUIRED) Written diagnosis/reason/symptom for examuse the exam/procedure related to an injury? O No O Ye			DIA	AGNOSTIC AND	
Area of bodyOLOROBIL	Area of bodyOLOROBIL			THERAPEUTIC INJECTIONS	
O IV contrast as clinically indicated by radiologist OR O No contrast O Arthrogram (joint injection) O 3T wide-bore MRI O High-field open MRI O Open upright MRI O MRA O Flexion/Extension (spine) O Brain volumetric imaging (Neuroquant®) What are you looking to measure? O Other ULTRASOUND Area of body O Transvaginal study if clinically indicated by radiologist OR O No transvaginal O Doppler if clinically indicated by radiologist OR O No Doppler NUCLEAR MEDICINE (Poulsbo only) O Bone scan O Whole body O 3 phase O SPECT O Limited O Hepatobiliary (HIDA) w/EF O Gastric emptying O Lung ventilation/perfusion O Renal flow & function O Thyroid uptake & scan O Parathyroid O Other	O IV contrast as cliniOR C O 3D reconstructions as c OR ON 0 3 O Arthrogram (joint injecti O Cardiac calcium scoring O CTA O CT low dose lung screen O Other WOMEN SER OL O Screening mammogram (There are no patient or ph with diagnostic imaging if O k to proceed with diagno Diagnostic breast imaging m • Mammography • Breast ultrasound • Breast MRI • Core biopsy O Screening or O Diagnosti History of pathological fract • Age-related osteoporosis w O No O Yes • Estrogen deficiency/clinical O No O Yes	cally indicated by radiologist O No contrast linically indicated by radiologist D reconstructions on) ing 'S IMAGING CONCES OR OBIL 3D tomosynthesis) sysician concerns; proceed f abnormality is found. sitic breast imaging ay include as clinically indicated: high-risk surveillance sitic cuture? O No O Yes //o current pathological fracture? I risk for osteoporosis?	O Other Level(s) Treatment C O Arthrogram O Discogram O Epidural sterence of Facet point in O Facet nerve in O Lumbar pun O Myelogram O Rhizotomy O Selective nerve of Discogram O Selective nerve of Discogram O Vertebroplate O Trigger point O Vertebroplate O Bone marrorum O Platelet rich O Other Area of body Views	O Thoracic O Lumbar O 1x OR O Up to 3x OL OR O BIL roid injection (ESI) jection njection/Medial branch block cture O Therapeutic O Diagnostic rive root block/Epidural tion ioint injection	
Patient considerations (check all that apply) O Claustre	ophobic O Interpreter neede	d (language)	All pa	tion (administered by RAYUS Radiology) tients receiving sedation require a driver.	
Lab results Creatinine BUN *Lab values may be needed within 30 days of the exam for IV contrast if the	patient: 1) is diabetic, 2) is 60 years o		ory of kidney or liver dise		
REPORTING METHOD O Routine O Hold and call		O Read and callO Patient to hand carr	y films/CD/report	O STAT/ASAP Next-day follow-up	
Provider name (print)		Provider location City/Z	ip	Phone #	

Do not use rubber stamp.

Provider signature (required)

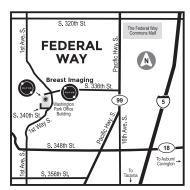
NPI # (required for new providers)

Date



BELLEVUE 1310 116th Ave. NE, Suite E Bellevue, WA 98004

BELLEVUE -BREAST IMAGING 1810 116th Ave. NE, Suite 101 Bellevue, WA 98004



FEDERAL WAY 33801 First Way S., Suite 101 Federal Way, WA 98003

FEDERAL WAY -BREAST IMAGING 909 S. 336th St., Suite B101 Federal Way, WA 98003



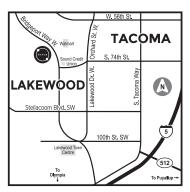
EVERETT 3131 Nassau St., Suite 102 Everett, WA 98201



ISSAQUAH 1301 4th Ave. NW, Suite 202 Issaquah, WA 98027



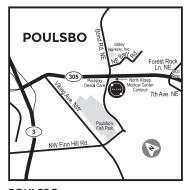
KIRKLAND 12112 115th Ave. NE, Suite B Kirkland, WA 98034



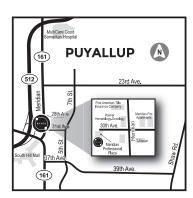
LAKEWOOD 7308 Bridgeport Way W., Suite 101 Lakewood, WA 98499



PORT ORCHARD 463 Tremont St. W., Suite 130 Port Orchard, WA 98366



POULSBO North Kitsap Medical Center 20700 Bond Rd. NE, Bldg. B Poulsbo, WA 98370



PUYALLUP 2930 S. Meridian, Suite 160 Puyallup, WA 98373



RENTON 220 SW 43rd St. Renton, WA 98057



SEATTLE 115 N.E. 100th St., Suite 101 Seattle, WA 98125