

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

☐ Patient will call to schedule

☐ Call patient to schedule



☐ Bellevue P: 425.637.9729 F: 425.462.8309
☐ Bellevue - Breast Imaging P: 425.974.1044 F: 425.974.1033
☐ Everett P: 425.740.5000 F: 425.740.5010
☐ Federal Way P: 253.942.7226 F: 253.942.3517
☐ Federal Way - Breast Imaging P: 253.735.1991 F: 253.941.6941
☐ Issaquah P: 206.524.5599 F: 206.524.5338
☐ Kirkland P: 425.821.3472 F: 425.820.4115

☐ Lakewood P: 253.682.1666 F: 253.682.1667
☐ Port Orchard P: 360.598.3141 F: 360.598.3431
☐ Poulsbo P: 360.598.3141 F: 360.598.3431
☐ Puyallup P: 253.286.2092 F: 253.848.2161
☐ Renton P: 425.228.4000 F: 425.228.2789
☐ Seattle P: 206.524.5599 F: 206.524.5338

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 <input type="radio"/> No insurance		Date of injury	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

MRI**CT****DIAGNOSTIC AND THERAPEUTIC INJECTIONS**

Area of body _____
☐ L ☐ OR ☐ BIL
☐ IV contrast as clinically indicated by radiologist
☐ OR ☐ No contrast
☐ Arthrogram (joint injection)
☐ 3T wide-bore MRI
☐ High-field open MRI
☐ Open upright MRI
☐ MRA
☐ Flexion/Extension (spine)
☐ Brain volumetric imaging (Neuroquant®)
 What are you looking to measure? _____
☐ Other _____

Area of body _____
☐ L ☐ OR ☐ BIL
☐ IV contrast as clinically indicated by radiologist
☐ OR ☐ No contrast
☐ 3D reconstructions as clinically indicated by radiologist
☐ OR ☐ No 3D reconstructions
☐ Arthrogram (joint injection)
☐ Cardiac calcium scoring
☐ CTA
☐ CT low dose lung screening
☐ Other _____

Area of body _____
☐ Cervical ☐ Thoracic ☐ Lumbar
☐ Other _____
 Level(s) _____
 Treatment ☐ 1x ☐ OR ☐ Up to 3x
☐ L ☐ OR ☐ BIL
☐ Arthrogram
☐ Discogram
☐ Epidural steroid injection (ESI)
☐ Facet joint injection
☐ Facet nerve injection/Medial branch block
☐ Lumbar puncture ☐ Therapeutic ☐ Diagnostic
☐ Myelogram
☐ Rhizotomy
☐ Selective nerve root block/Epidural
☐ SI joint injection
☐ Therapeutic joint injection
☐ Trigger point injection(s)
☐ Vertebroplasty/Kyphoplasty
REGENERATIVE MEDICINE
☐ Bone marrow concentrate (BMC)
☐ Platelet rich plasma (PRP) injection
☐ Other _____

ULTRASOUND**WOMEN'S IMAGING SERVICES**

Area of body _____
☐ Transvaginal study if clinically indicated by radiologist
☐ OR ☐ No transvaginal
☐ Doppler if clinically indicated by radiologist
☐ OR ☐ No Doppler

☐ L ☐ OR ☐ BIL
☐ Screening mammogram (3D tomosynthesis)
There are no patient or physician concerns; proceed with diagnostic imaging if abnormality is found.
☐ Ok to proceed with diagnostic breast imaging
 Diagnostic breast imaging may include as clinically indicated:
 • Mammography
 • Breast ultrasound
 • Breast MRI
 • Core biopsy
☐ Breast MRI (bilateral) - for high-risk surveillance
☐ Screening or ☐ Diagnostic
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

NUCLEAR MEDICINE

(Poulsbo only)
☐ Bone scan
☐ Whole body ☐ 3 phase ☐ SPECT
☐ Limited _____
☐ Hepatobiliary (HIDA) w/EF
☐ Gastric emptying
☐ Lung ventilation/perfusion
☐ Renal flow & function
☐ Thyroid uptake & scan
☐ Parathyroid
☐ Other _____

X-RAY

Area of body _____
☐ L ☐ OR ☐ BIL
 Views _____

Patient considerations (check all that apply) ☐ Claustrophobic ☐ Interpreter needed (language) _____ ☐ Sedation (administered by RAYUS Radiology)

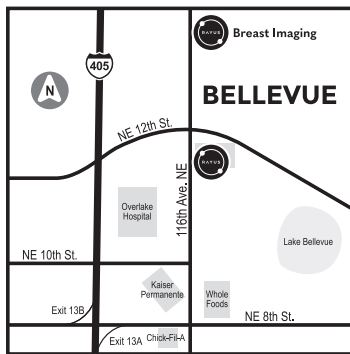
Lab results Creatinine _____ BUN _____ Blood draw date _____

*Lab values may be needed within 30 days of the exam for IV contrast if the patient: 1) is diabetic, 2) is 60 years or older, 3) is on chemotherapy, 4) has history of kidney or liver disease or 5) has hypertension

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

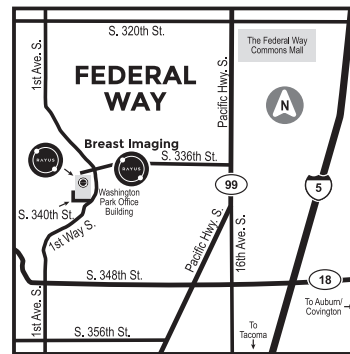
Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date

Visit RAYUSradiology.com for detailed driving directions to our centers. Call us at 855.643.7226.



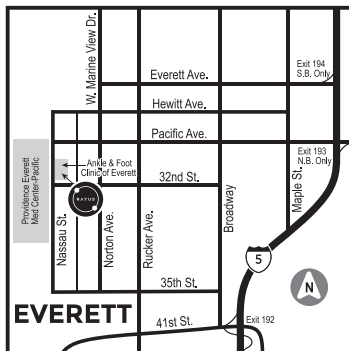
BELLEVUE
1310 116th Ave. NE, Suite E
Bellevue, WA 98004

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

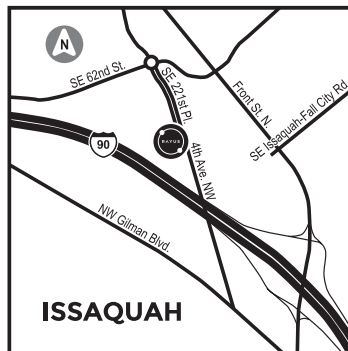


FEDERAL WAY
33801 First Way S., Suite 101
Federal Way, WA 98003

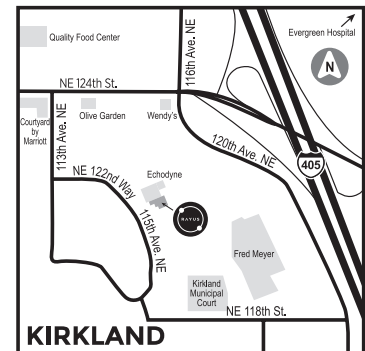
FEDERAL WAY - BREAST IMAGING
909 S. 336th St., Suite B101
Federal Way, WA 98003



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



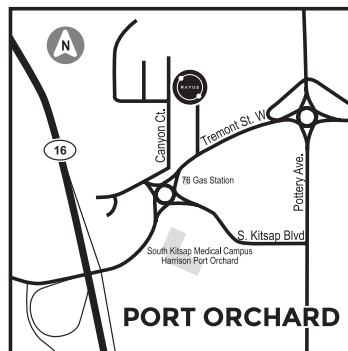
ISSAQUAH
1301 4th Ave. NW, Suite 202
Issaquah, WA 98027



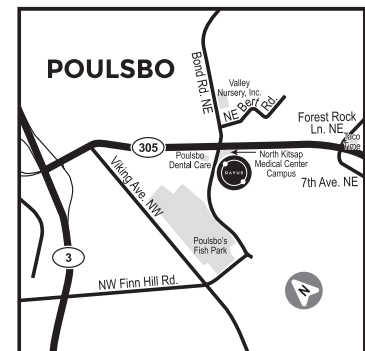
KIRKLAND
12112 115th Ave. NE, Suite B
Kirkland, WA 98034



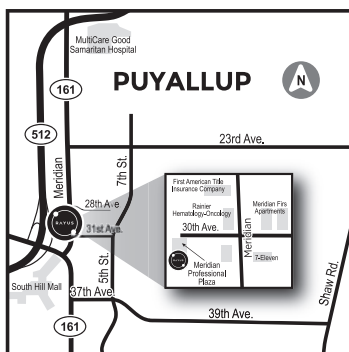
LAKEWOOD
7308 Bridgeport Way W., Suite 101
Lakewood, WA 98499



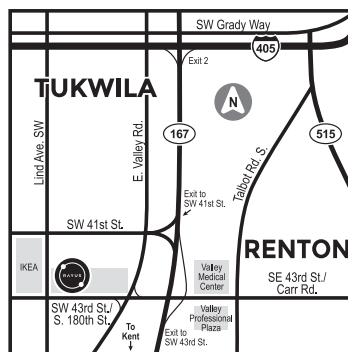
PORT ORCHARD
463 Tremont St. W., Suite 130
Port Orchard, WA 98366



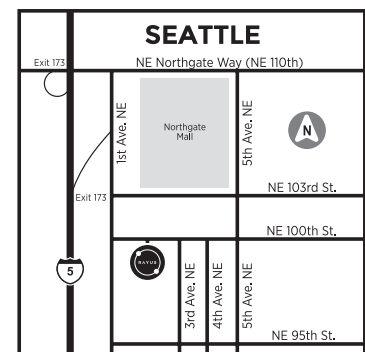
POULSBO
North Kitsap Medical Center
20700 Bond Rd. NE, Bldg. B
Poulsbo, WA 98370



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

Physician services provided by Medical Scanning Consultants, PA and Radiology Consultants of Washington, Inc., PS.

RAYUSradiology.com/washington