

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



- | | | | | | |
|--|-----------------|-----------------|------------------------------------|-----------------|-----------------|
| <input type="radio"/> Bellevue | P: 425.637.9729 | F: 425.462.8309 | <input type="radio"/> Lakewood | P: 253.682.1666 | F: 253.682.1667 |
| <input type="radio"/> Bellevue - Breast Imaging | P: 425.974.1044 | F: 425.974.1033 | <input type="radio"/> Port Orchard | P: 360.598.3141 | F: 360.598.3431 |
| <input type="radio"/> Everett | P: 425.740.5000 | F: 425.740.5010 | <input type="radio"/> Poulsbo | P: 360.598.3141 | F: 360.598.3431 |
| <input type="radio"/> Federal Way | P: 253.942.7226 | F: 253.942.3517 | <input type="radio"/> Puyallup | P: 253.286.2092 | F: 253.848.2161 |
| <input type="radio"/> Federal Way - Breast Imaging | P: 253.735.1991 | F: 253.941.6941 | <input type="radio"/> Renton | P: 425.228.4000 | F: 425.228.2789 |
| <input type="radio"/> Issaquah | P: 206.524.5599 | F: 206.524.5338 | <input type="radio"/> Seattle | P: 206.524.5599 | F: 206.524.5338 |
| <input type="radio"/> Kirkland | P: 425.821.3472 | F: 425.820.4115 | | | |

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

WOMEN'S IMAGING SERVICES

ULTRASOUND

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

REGENERATIVE MEDICINE
 Bone marrow concentrate (BMC)
 Platelet rich plasma (PRP) injection
 Other _____

X-RAY

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 _____

Area of body _____
 L OR BIL

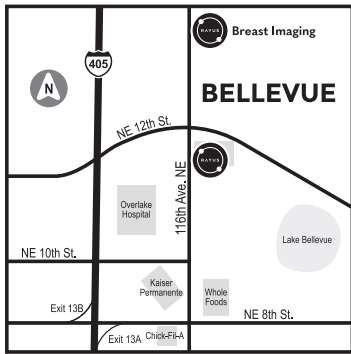
Views _____

Patient considerations (check all that apply) Claustrophobic Interpreter needed (language) _____ Sedation (administered by RAYUS Radiology)
All patients receiving sedation require a driver.
 On-site creatinine testing needed*
 *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

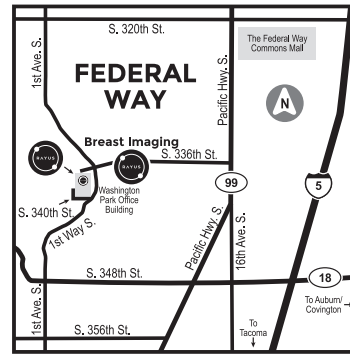
Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date

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



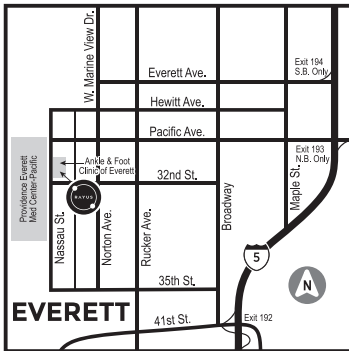
BELLEVUE
1310 116th Ave. NE, Suite E
Bellevue, WA 98004

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

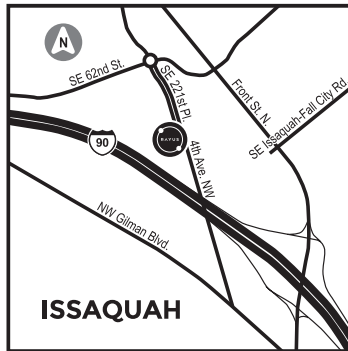


FEDERAL WAY
33801 First Way S., Suite 101
Federal Way, WA 98003

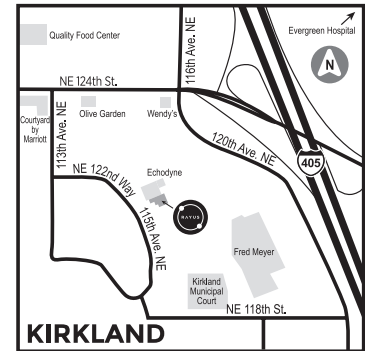
FEDERAL WAY - BREAST IMAGING
909 S. 336th St., Suite B101
Federal Way, WA 98003



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



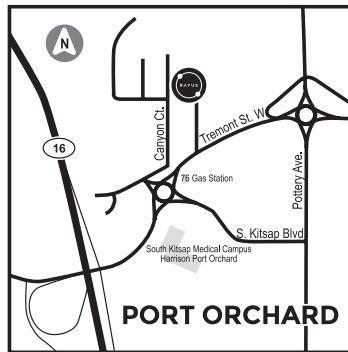
ISSAQUAH
1301 4th Ave. NW, Suite 202
Issaquah, WA 98027



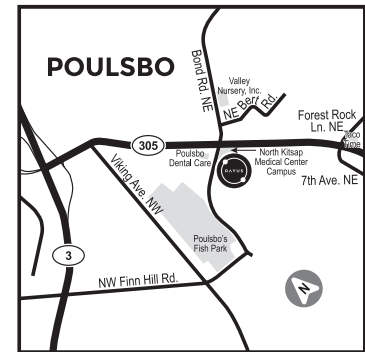
KIRKLAND
12112 115th Ave. NE, Suite B
Kirkland, WA 98034



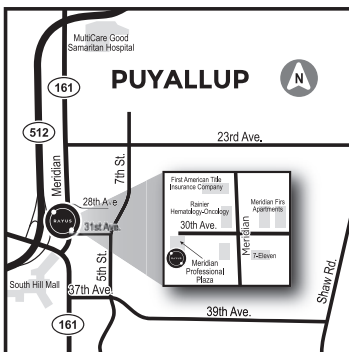
LAKWOOD
7308 Bridgeport Way W., Suite 101
Lakewood, WA 98499



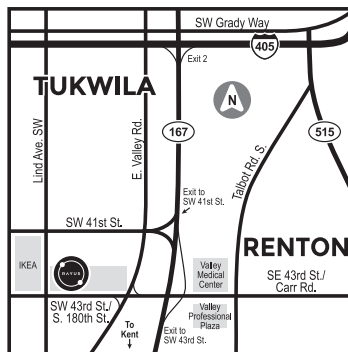
PORT ORCHARD
463 Tremont St. W., Suite 130
Port Orchard, WA 98366



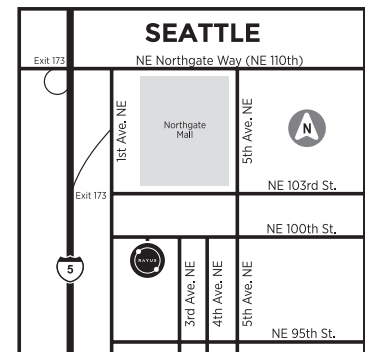
POULSBO
North Kitsap Medical Center
20700 Bond Rd. NE, Bldg. B
Poulsbo, WA 98370



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