SCHEDULING
- O Patient will call to schedule
- O Call patient to schedule

O DESOTO
O MANSFIELD
P: 214.420.5400

O MCKINNEY
O PLANO
O RICHARDSON
P: 972.920.0120

E: TXimagingorders@RAYUSradiology.com
See back for fax numbers and addresses

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 #	Secondary phone #	
Insurance name	Insurance ID #	Group #	
O Auto O Workers' comp O 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.

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

Clinical Decision Support (CDS) Required for Medicare Part B	
Modifier (determination)	G-code (vendor)

● R ● L ● BIL

MRI

O IV contrast as clinically indicated by radiologist OR O No contrast

- O Arthrogram ____
- O Other ____

NEURO
- O Brain and/or O Orbits
  - O Volumetric brain imaging (NeuroQuant®)
- O IACs
- O Pituitary
- O TMJ(s)
- O Neck (soft tissue)

SPINE
- O Cervical
- O Thoracic
- O Lumbar

BODY
- O Chest
- O Abdomen
- O Liver
- O Liver elastography
- O Enterography (abd/pel)
- O MRCP
- O Pelvis
- O Hip(s)
- O Breast bilateral
- O Prostate

UPPER EXTREMITY
- O Shoulder
- O Elbow
- O Wrist
- O Hand

LOWER EXTREMITY
- O Femur
- O Knee
- O Tibia/Fibula
- O Ankle
- O Foot

MRA
- O Head
- O Carotid
- O Aorta w/runoff
- O Renal

CT

O IV contrast as clinically indicated by radiologist OR O No contrast

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

- O Arthrogram ____
- O Heart calcium scoring
- O Other ____

NEURO
- O Head
- O IAC/Temporal bones
- O Facial bones
- O Pituitary
- O TMJ
- O Neck (soft tissue)
- O Sinus
  - O Complete O Limited

SPINE
- O Cervical
- O Thoracic
- O Lumbar

BODY
- O Chest
- O Lung screening
- O Abdomen
- O Abdomen/Pelvis
- O Enterography (abd/pel)
- O Pelvis
- O Hip(s)

UPPER EXTREMITY
- O Shoulder
- O Elbow
- O Wrist
- O Hand

LOWER EXTREMITY
- O Knee
- O Ankle
- O Foot

CTA
- O Brain
- O Aorta
  - O Chest
  - O Abdomen
  - O Pelvis
- O Lung (PE)
- O Carotid
- O Mesenteric
- O Renal

X-RAY

Views ____

- O Skeletal survey
- O Spine
  - O Cervical
  - O Thoracic
  - O Lumbar
  - O Scoliosis series
- O Chest
- O Rib series
- O Pelvis
- O Hip(s)
- O Other ____
- O Abdomen/KUB
- O Shoulder
- O Humerus
- O Elbow
- O Forearm
- O Wrist
- O Hand
- O Knee
- O Ankle
- O Foot

SPECIAL PROCEDURES

- O Breast biopsy
- O EndoAFV (WavelinQ)
- O Hip arthrocentesis
- O Myelogram
  - O Cervical
  - O Thoracic
  - O Lumbar
- O Thyroid biopsy (*DeSoto only*)
- O Other ____

ULTRASOUND

O Doppler if clinically indicated by radiologist OR O No Doppler

O Transvaginal if clinically indicated by radiologist OR O No transvaginal

- O Abdomen complete (diaphragm to iliac crest)
- O Aorta
- O Breast
- O Carotid artery
- O Gallbladder
- O Liver
- O Liver Doppler
- O Liver w/elastography
- O Obstetric
  - O 1st trimester
  - O 2nd trimester
  - O 3rd trimester
- O Other ____
- O Pelvis (Iliac crest to pubic symphysis)
- O Renal and O Bladder
- O Scrotum O Doppler
- O Soft tissue
- O Transvaginal
- O Thyroid/Parathyroid
- O Arterial Doppler
  - O Upper extremity
  - O Lower extremity
- O Venous Doppler
  - O Upper extremity
  - O Lower extremity

BONE DENSITY

- O Screening or O Diagnostic
- ● History of pathological fracture? O No O Yes
- ● Age-related osteoporosis w/o current pathological fracture? O No O Yes
- ● Estrogen deficiency/clinical risk for osteoporosis? O No O Yes
- ● Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? O No O Yes

MAMMOGRAPHY 3D

- O Screening or O Diagnostic
- O Screening mammogram, and if indicated, an additional diagnostic mammogram and/or breast ultrasound

INTERVENTIONAL PROCEDURES

(DeSoto only)

- O Biopsy
  - O Liver
  - O Lung
  - O Thyroid
- O Declot/Fistulagram
- O Kyphoplasty/Vertebroplasty
- O Permacath
  - O Check
  - O Exchange
  - O Placement
  - O Removal
- O Other ____
- O Vascular consult and treat:
  - O Peripheral artery disease/ Critical limb ischemia
  - O Varicose veins
  - O Uterine fibroid embolization
  - O Non-healing wound
  - O Pelvic congestion
  - O Varicocele
  - O Lower extremity swelling

Patient considerations (check all that apply) O Claustrophobic O Sedation (administered by RAYUS Radiology) *All patients receiving sedation require a driver.*

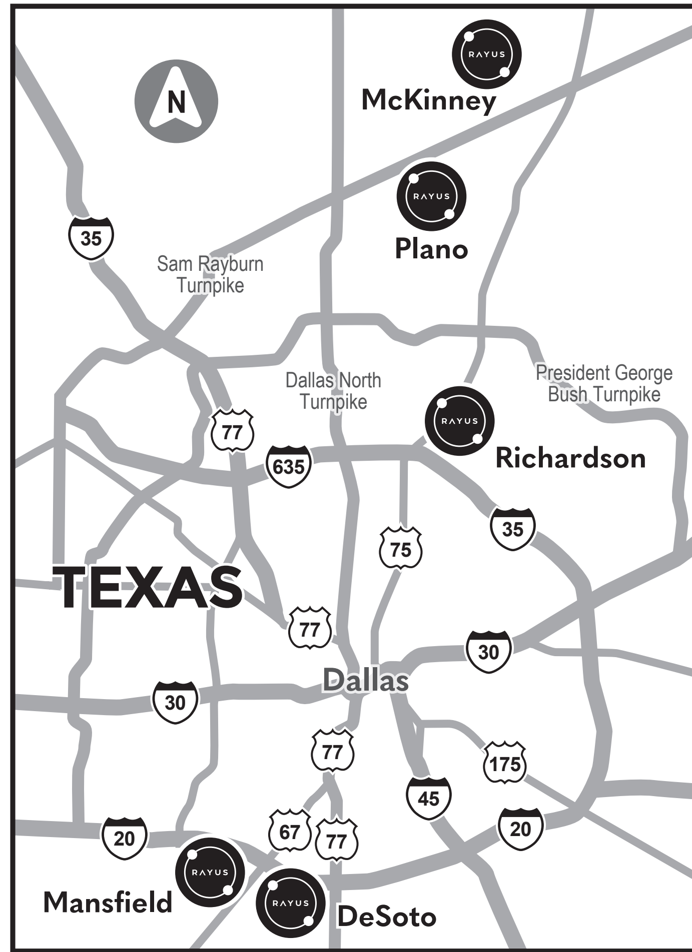
Lab results Creatinine ____ BUN ____ Blood draw date ____ O On-site creatinine testing needed

REPORTING METHOD O STAT call # ____ O STAT fax # ____ O STAT/ASAP O CD to provider's office O Patient to hand carry CD/report

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

For easy and convenient access to your patients report, ask us about access to our Medical Professional Portal.

RAYUS RADIOLOGY™



CENTER	PHONE/FAX	ADDRESS	HIGH-FIELD MRI	CT	ULTRA-SOUND	MAMMO	DXA	X-RAY	OTHER SERVICES
DeSoto	P: 214.420.5400 F: 214.420.5401	1750 N. Hampton Rd. DeSoto, TX 75115	●	●	●	●	●	●	3D mammography, Bone density, Breast cancer risk assessment, Breast MRI, Interventional radiology procedures, Biopsies, Kyphoplasty, Arthrogram, Myelogram
Mansfield	P: 214.420.5400 F: 817.453.8082	2975 E. Broad St., Suite 101 Mansfield, TX 76063	● (Open)	●	●			●	Arthrogram, Breast MRI
McKinney	P: 972.920.0120 F: 214.592.0035	7300 Eldorado Pkwy., Suite 170 McKinney, TX 75070	● (Oval)	●	●	●	●	●	3D mammography, Breast caner risk assessment, Breast MRI, Bone density
Plano	P: 972.920.0120 F: 972.208.1421	8080 Independence Pkwy., Suite 105 Plano, TX 75025	● (Wide-bore)	●	●	●	●	●	3D mammography, Breast cancer risk assessment, Breast biopsies, Arthrogram, Bone density
Richardson	P: 972.920.0120 F: 972.238.1222	4140 E. Renner Rd., Suite 100 Richardson, TX 75082	● (Open)	●	●			●	Arthrogram