

WOMEN'S IMAGING ORDER FORM

SCHEDULING

P: 214.420.5400
 F: 214.420.5401
 E: TXimagingorders@RAYUSradiology.com
 Tax ID #46-5265469
 NPI #1164829214

DESOTO

1750 N. Hampton Rd.
 DeSoto, TX 75115

- Patient will call to schedule
 Call patient to schedule



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

BILATERAL BREAST MRI IMAGE-GUIDED BREAST PROCEDURES

IV contrast as clinically indicated by radiologist OR No contrast

Screening
 Diagnostic
 Implant rupture evaluation

L R BIL

Galactogram
 MRI-guided breast biopsy
 Needle localization
 Stereotactic biopsy
 US-guided core biopsy
 US-guided cyst aspiration
 Other _____

BREAST ULTRASOUND

L R BIL

Complete Limited

Proceed at radiologist discretion, if indicated.

ULTRASOUND

Transvaginal if clinically indicated by radiologist OR No transvaginal

Abdomen complete Abdomen limited
 Obstetric
 1st trimester
 2nd trimester
 3rd trimester
 Pelvis complete Pelvis limited
 Thyroid
 Transvaginal
 Other _____

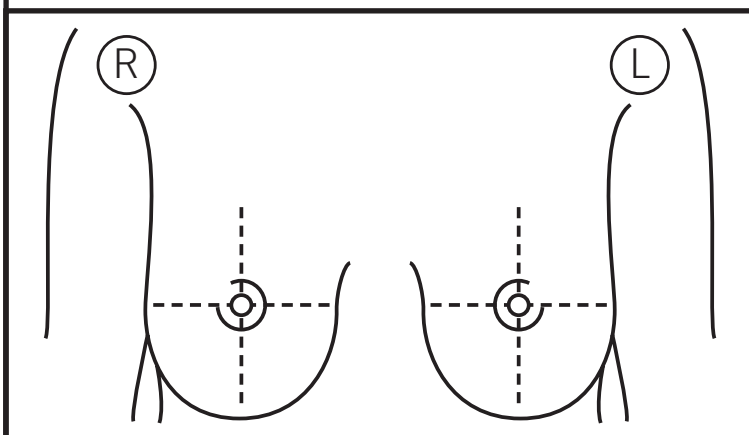
MAMMOGRAPHY WITH 3D

Screening (asymptomatic patient)
 Diagnostic (symptomatic patient or follow-up to abnormal screening) - ultrasound if needed
Appointment and order required for diagnostic mammogram
 L R BIL

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



Please mark abnormalities on diagram.

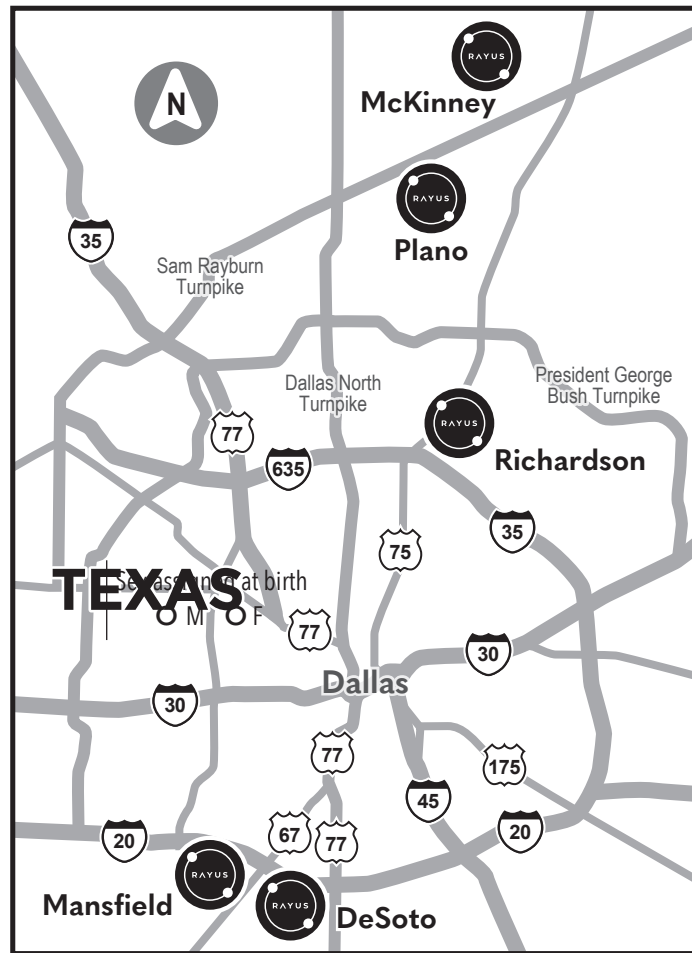
SPECIAL PROCEDURES

Uterine fibroid embolization
 Other _____

Does this patient have breast implants? No Yes
 Where was previous mammogram performed? _____ Date _____
 Patient consideration Sedation (administered by RAYUS Radiology) All patients receiving sedation require a driver.

Provider name (print)	Provider location City/Zip	Phone #	Fax #
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 MPP.



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 cancer 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