

# CHIROPRACTIC ORDER FORM

**CONTACT**

P: 801.563.0333  
 F: 801.563.0335  
 E: UTorders@rayusradiology.com

- South Ogden
- Layton
- Salt Lake City (Brickyard)
- Salt Lake City (State)
- Taylorsville (Redwood)
- South Jordan
- Riverton
- Pleasant Grove
- Springville
- See back for addresses*



Patient name (as shown on insurance card)		Date of birth
Primary phone #	Secondary phone #	Appt date/time <span style="float: right;">AM/PM</span>
Symptoms/Diagnosis		
Physician comments		

## MRI

IV contrast as clinically indicated by radiologist  
  Without contrast  
  With/Without contrast

**SPINE**

- Cervical
- Upper cervical
- Thoracic
- Lumbar
  - Weight bearing study
- SI
- Scoliosis

**BODY**

- Pelvis
- Sacrum
- Whole body

**HEAD**

- Brain
- TBI
- TMJ bilateral

**MRA**

- Brain
- Neck

**LOWER AND UPPER EXTREMITIES**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Hip</li> <li><input type="radio"/> Arthrogram</li> <li><input type="radio"/> Cartilage mapping</li> <li><input type="radio"/> Knee</li> <li><input type="radio"/> Arthrogram</li> <li><input type="radio"/> Cartilage mapping</li> <li><input type="radio"/> Ankle</li> <li><input type="radio"/> Non-joint</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> OR</li> <li><input type="radio"/> L</li> <li><input type="radio"/> BIL</li> <li><input type="radio"/> OR</li> <li><input type="radio"/> L</li> <li><input type="radio"/> BIL</li> <li><input type="radio"/> OR</li> <li><input type="radio"/> L</li> <li><input type="radio"/> BIL</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Shoulder</li> <li><input type="radio"/> Arthrogram</li> <li><input type="radio"/> Cartilage mapping</li> <li><input type="radio"/> Elbow</li> <li><input type="radio"/> Wrist</li> <li><input type="radio"/> Arthrogram</li> <li><input type="radio"/> Hand</li> <li><input type="radio"/> Non-joint</li> </ul> |
|---|--|--|

Other \_\_\_\_\_

## X-RAY

**VIEWS**

- Cervical \_\_\_\_\_
- Thoracic \_\_\_\_\_
- Lumbar \_\_\_\_\_
- Scoliosis stitching \_\_\_\_\_
- Chest \_\_\_\_\_
- Pelvis \_\_\_\_\_
- Other \_\_\_\_\_

- Rib  OR  L  BIL \_\_\_\_\_
- Hip  OR  L  BIL \_\_\_\_\_
- Knee  OR  L  BIL \_\_\_\_\_
- Ankle  OR  L  BIL \_\_\_\_\_
- Foot  OR  L  BIL \_\_\_\_\_
- Shoulder  OR  L  BIL \_\_\_\_\_

**VIEWS**

- Clavicle  OR  L  BIL \_\_\_\_\_
- AC joint  OR  L  BIL \_\_\_\_\_
- Elbow  OR  L  BIL \_\_\_\_\_
- Wrist  OR  L  BIL \_\_\_\_\_
- Hand  OR  L  BIL \_\_\_\_\_

**VIEWS**

## CT

IV contrast as clinically indicated by radiologist  
  With contrast  
  Without contrast  
  With/Without contrast

- |  |   |  |  |   |  |
|--|---|--|--|---|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Head/Brain</li> <li><input type="radio"/> Orbits</li> <li><input type="radio"/> Calcium scoring</li> <li><input type="radio"/> Other _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Sinus</li> <li><input type="radio"/> Soft tissue neck</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Chest</li> <li><input type="radio"/> Abdomen/Pelvis</li> <li><input type="radio"/> Angiogram (CTA) _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Cervical</li> <li><input type="radio"/> Thoracic</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Lumbar</li> <li><input type="radio"/> Maxillofacial</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Upper extremity <input type="radio"/> OR <input type="radio"/> L <input type="radio"/> BIL</li> <li><input type="radio"/> Lower extremity <input type="radio"/> OR <input type="radio"/> L <input type="radio"/> BIL</li> </ul> |
|--|---|--|--|---|--|

## ULTRASOUND

Type of study \_\_\_\_\_

<b>Provider signature</b> (required) <span style="color: blue; font-weight: bold;">Do not use rubber stamp.</span>	Provider name	Date
---	---------------	------

**CONTACT**

P: 801.563.0333

F: 801.563.0335

E: [UTorders@rayusradiology.com](mailto:UTorders@rayusradiology.com)



**SOUTH OGDEN**

6030 Fashion Point Dr.  
South Ogden, UT 84403

**LAYTON**

729 King St., Suite 100  
Layton, UT 84041

**SALT LAKE CITY (BRICKYARD)**

*(Located behind TJ Maxx building)*  
1178 Brickyard Rd.  
Salt Lake City, UT 84106

**SALT LAKE CITY (STATE)**

3702 S. State St., Suite 111  
Salt Lake City, UT 84115

**SOUTH JORDAN**

10696 S. River Front Pkwy.  
South Jordan, UT 84095

**TAYLORSVILLE (REDWOOD)**

6243 S. Redwood Rd., Suite 130  
Taylorsville, UT 84123

**RIVERTON**

12842 S. 3600 W.  
Riverton, UT 84065

**PLEASANT GROVE**

1982 Pleasant Grove Blvd., Suite L  
Pleasant Grove, UT 84062

**SPRINGVILLE**

556 S. 1750 W.  
Springville, UT 84663

