## PHYSICAL THERAPIST ORDER FORM

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

O South Ogden

**O** Layton

O Salt Lake City (Brickyard)

O Salt Lake City (State)

**O** Taylorsville (Redwood)

O South Jordan

**O** Riverton

O Pleasant Grove **O** Springville



Appointment date and time		Check-in time	Patient DOB	Sex assigned at	birth	Weight
				ОМО	<b>)</b> F	
Patient name (as shown on insurance card)		Primary phone # Second		Secondary phone #	idary phone #	
Address		City		State	Zip	
Bring complete insurance information to appointme	ent					
Insurance name		Insurance ID #		Group #		
O Auto O Workers' comp O Commercial/Private		Pre-authorization/Pre-certification #				
Criato Chomos comp C commondary made						
(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						

MRI					
Arthrograms may help evaluate a tear in a joint.					
SPINE O Cervical	LOWER AND				
O Upper cervical O Thoracic O Lumbar	O Hip O Arthrogram O Cartilage ma				
O Weight bearing study O SI O Scoliosis	O Knee O Arthrogram O Cartilage ma	OR OL OBIL			
BODY O Pelvis O Sacrum O Whole body screening	O Ankle	OR OL OBIL OR OL OBIL OR OL OBIL			
HEAD O Brain O TBI O TMJ bilateral	O Elbow O Wrist O Arthrogram	OR OL OBIL OR OL OBIL			
MRA O Brain O Neck O Other	O Non-joint (	OR OL OBIL			

X-RAY		
	VIEWS	
O Cervical		
O Thoracic		
O Lumbar		
O Scoliosis	stitching	
O Chest		
O Pelvis		
O Rib	OR OL OBIL	
<b>O</b> Hip	OR OL OBIL	
O Knee	OR OL OBIL	
O Ankle	OR OL OBIL	
O Foot	OR OL OBIL	
O Shoulder	OR OL OBIL	
O Clavicle	OR OL OBIL	
O AC joint	OR OL OBIL	
O Elbow	OR OL OBIL	
O Wrist	OR OL OBIL	
O Hand	OR OL OBIL	
O Other		

Provider name	Provider address/location		
Provider signature (required)  Do not use rub		Date	

## ORDERING GUIDELINES FOR PHYSICAL THERAPISTS

Arthrograms may help evaluate tear in a joint. IV contrast is not typically used to evaluate a general sports injury. Contrast is usually recommended to evaluate a mass in a joint. If you have questions regarding exams please call to speak to one of our technologists.





MODALITY ►	X-RAY	MRI
AREA ▼	A-KAY	MIKI
CERVICAL	<ul> <li>2 views: AP, Lateral — most common and used for general evaluation</li> <li>3 views: AP, Lateral, AP Open Mouth (APOM)</li> <li>4 views: AP, Lateral, Flexion, Extension</li> <li>5 views: AP, Lateral, APOM, Flexion, Extension</li> <li>7 views (complete): AP, Lateral, APOM, Flexion, Extension, Lt. Oblique, Rt. Oblique — evaluates all structures and is helpful in post trauma</li> <li>Cervical spine basic principles:</li> <li>APOM view is used to visualize C1-2 specifically</li> <li>Flexion and extension views evaluate instability in spine</li> <li>Oblique views will help to identify possible sources of occlusion that may cause radiating symptoms to the upper extremities</li> </ul>	<ul> <li>Cervical spine without contrast</li> <li>Cervical spine without and with contrast — evaluating for tumor, possible mass, or MS lesions</li> </ul>
THORACIC	• 2 views: AP, Lateral	<ul> <li>Thoracic spine without contrast</li> <li>Thoracic spine without and with contrast — evaluating for tumor, possible mass, or MS lesions</li> </ul>
LUMBAR	2 views: AP, Lateral —     most common and used for general evaluation     3 views: AP, Lateral, Spot (focused on L5-Sī)     4 views: AP, Lateral, Flexion, Extension     6 views: AP, Lateral, Flexion, Extension, Lt. Oblique, Rt. Oblique  Lumbar spine basic principles:     Flexion and extension views evaluate instability in the spine and help to determine spondylolisthesis     Oblique views will help to identify possible sources of occlusion that may cause radiating symptoms to the lower extremities	<ul> <li>Lumbar spine without contrast</li> <li>Lumbar spine without and with contrast — evaluating for tumor, possible mass, or MS lesions</li> </ul>
PELVIS	1 view: AP — used for evaluating pelvic biomechanical imbalance and general pelvic abnormalities     2 views: AP, frog leg hop (R or L) — evaluates affected hip for degeneration or pathology	
WRIST	<ul> <li>3 views: AP, Lateral, Oblique</li> <li>4 views: AP, Lateral, Oblique, Scaphoid</li> </ul>	<ul> <li>Wrist without contrast</li> <li>Wrist cartilage map</li> <li>Wrist arthrogram — used to evaluate for TFCC tear</li> </ul>
HAND	• 3 views: AP, Lateral, Oblique	Hand without contrast
KNEE	<ul> <li>2 views: AP, Lateral</li> <li>3 views: AP, Lateral, Sunrise</li> <li>4 views: AP, Lateral, Sunrise, Tunnel</li> </ul>	<ul> <li>Knee without contrast</li> <li>Knee cartilage map — evaluating cartilage surface for stem cell injections</li> </ul>
SHOULDER	<ul> <li>2 views: AP, Axial</li> <li>3 views: AP, Axial, Internal rotation, External rotation</li> </ul>	<ul> <li>Shoulder without contrast — evaluating rotator cuff</li> <li>Shoulder arthrogram — injection assisted exam for evaluating integrity of labrum</li> <li>Shoulder cartilage map — evaluating cartilage surface for stem cell injections</li> </ul>
ANKLE	• 3 views: AP, Lateral, Oblique (Mortise)	<ul><li>Ankle without contrast</li><li>Ankle cartilage map</li></ul>
FOOT	• 3 views: AP, Lateral, Oblique	Foot without contrast     Foot without and with contrast — contrast for neuroma or mass

**CONTACT**P: 801 563 033

P: 801.563.0333 F: 801.563.0335

E: UTorders@rayusradiology.com