

CONTACT
 P: 801.563.0333
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 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



Appointment date and time	Check-in time	Patient DOB	Sex assigned at birth <input type="radio"/> M <input type="radio"/> F	Weight
Patient name (as shown on insurance card)		Primary phone #		Secondary phone #
Address		City	State	Zip

Bring complete insurance information to appointment

Insurance name	Insurance ID #	Group #
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury	Pre-authorization/Pre-certification #

(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

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

- Arthrogram _____
- Other _____
- NEURO**
- Brain
 - Orbits
 - IACs
 - Pituitary
 - TMJ
 - Neck (soft tissue)
- SPINE**
- Cervical
 - Upper cervical
 - Thoracic
 - Lumbar
 - Lumbar-weight bearing
 - Evaluate for modic change
 - Sacrum
 - Evaluate for modic change
 - Sacroiliac joints
 - Scoliosis
- MRA**
- Head
- Neck
- Renal
- MRV**
- Head

- BODY**
- Chest _____
- Abdomen _____
- Enterography (abd/pel)
- MRCP
- Pelvis _____
- Hip R L BIL
- Whole body (certain locations only)
- UPPER EXTREMITY**
- Shoulder R L BIL
- Elbow R L BIL
- Wrist R L BIL
- Hand R L BIL
- Cartilage mapping R L BIL
- Non-joint _____ R L BIL
- LOWER EXTREMITY**
- Knee R L BIL
- Ankle R L BIL
- Forefoot R L BIL
- Cartilage mapping R L BIL
- Non-joint _____ R L BIL

ULTRASOUND

- Abdomen complete
- Abdomen limited
 (Please specify if RUQ scan to include liver, gallbladder and R kidney, abdominal wall or appendix)
 (specify area) _____
- Liver elastography
 (Salt Lake City State only)
- Pelvis complete
 - Transvaginal, if necessary
- Renal/Kidney
 - Post void bladder
- Other (specify) _____
- _____
- _____
- Obstetric
 - Transvaginal if clinically indicated
 - 1st Trimester
 - 2nd Trimester
 - 3rd Trimester
 - Scrotum/Testicular complete with Doppler
 - Thyroid
 - Soft tissue (specify area) _____
 - Carotid artery bilateral
 - Exremity Doppler
 - Arterial Doppler
 - Upper extremity R L BIL
 - Lower extremity R L BIL
 - Venous Doppler
 - Upper extremity R L BIL
 - Lower extremity R L BIL
 - Venous insufficiency R L BIL
 (Salt Lake City State only)

CT

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

- CTA _____
- Other _____
- Heart calcium scoring
- NEURO**
- Head
- IAC/Temporal bones
- Facial bones
- Orbits
- Neck (soft tissue)
- Sinus
- SPINE**
- Cervical
- Thoracic
- Lumbar
- BODY**
- Chest
- Abdomen
- Abdomen/Pelvis
- Enterography (abdomen/pelvis)
- Pelvis

- UPPER EXTREMITY**
- Shoulder R L BIL
- Elbow R L BIL
- Wrist R L BIL
- Hand R L BIL
- Non-joint _____ R L BIL
- LOWER EXTREMITY**
- Hip R L BIL
- Knee R L BIL
- Ankle R L BIL
- Foot R L BIL
- Non-joint _____ R L BIL

X-RAY

- Views**
- SPINE**
- Cervical
- Thoracic
- Lumbar
- Scoliosis evaluation
- BODY**
- Chest R L BIL
- Ribs R L BIL
- Abdomen
- Pelvis R L BIL
- Hip R L BIL
- Other _____
- UPPER EXTREMITY**
- Shoulder R L BIL
- Humerus R L BIL
- Elbow R L BIL
- Forearm R L BIL
- Wrist R L BIL
- Hand R L BIL
- Finger R L BIL
- LOWER EXTREMITY**
- Femur R L BIL
- Knee R L BIL
- Tib/Fib R L BIL
- Ankle R L BIL
- Foot R L BIL
- Toe(s) R L BIL

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

CONTACT

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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

