

SCHEDULING
 See specific market
 P: 855.643.7226
 E: PSScheduling@RAYUSradiology.com

INSURANCE SPECIALIST LINE
 P: 425.250.1160
MEDICAL RECORDS FAX LINE
 P: 425.251.4307

Patient will call to schedule
 Call patient to schedule



- | | | | | | |
|--|-----------------|-----------------|------------------------------------|-----------------|-----------------|
| <input type="radio"/> Bellevue | P: 425.637.9729 | F: 425.462.8309 | <input type="radio"/> Kirkland | P: 425.821.3472 | F: 425.820.4115 |
| <input type="radio"/> Bellevue Breast Imaging | P: 425.974.1044 | F: 425.974.1033 | <input type="radio"/> Lakewood | P: 253.682.1666 | F: 253.682.1667 |
| <input type="radio"/> Everett | P: 425.740.5000 | F: 425.740.5010 | <input type="radio"/> Port Orchard | P: 360.598.3141 | F: 360.598.3431 |
| <input type="radio"/> Federal Way | P: 253.942.7226 | F: 253.942.3517 | <input type="radio"/> Poulsbo | P: 360.598.3141 | F: 360.598.3431 |
| <input type="radio"/> Federal Way Breast Imaging | P: 253.735.1991 | F: 253.941.6941 | <input type="radio"/> Puyallup | P: 253.286.2092 | F: 253.848.2161 |
| <input type="radio"/> Issaquah | P: 206.524.5599 | F: 206.524.5338 | <input type="radio"/> Renton | P: 425.228.4000 | F: 425.228.2789 |
| <input type="radio"/> Issaquah Breast Imaging | P: 425.637.0951 | F: 425.974.1033 | <input type="radio"/> Seattle | P: 206.524.5599 | F: 206.524.5338 |

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 #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private <input type="radio"/> No insurance		Date of injury	Claim #	

(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.

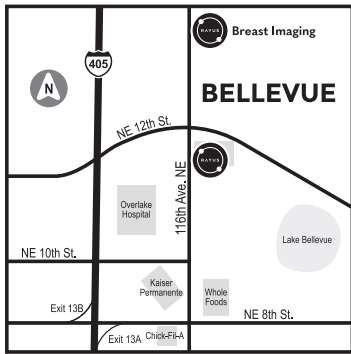
Is the exam/procedure related to an injury? No Yes **If yes** Initial Subsequent or Sequela

<p align="center">MRI</p> <p>Area of body _____ <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL <input type="radio"/> IV contrast as clinically indicated by radiologist <input type="radio"/> OR <input type="radio"/> No contrast</p> <p><input type="radio"/> Arthrogram (joint injection) <input type="radio"/> 3T wide-bore MRI <input type="radio"/> High-field open MRI <input type="radio"/> Open upright MRI <input type="radio"/> MRA <input type="radio"/> Flexion/Extension (spine) <input type="radio"/> Brain volumetric imaging (Neuroquant®) What are you looking to measure? _____ <input type="radio"/> Other _____</p>	<p align="center">CT</p> <p>Area of body _____ <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL <input type="radio"/> IV contrast as clinically indicated by radiologist <input type="radio"/> OR <input type="radio"/> No contrast</p> <p><input type="radio"/> 3D reconstructions as clinically indicated by radiologist <input type="radio"/> OR <input type="radio"/> No 3D reconstructions</p> <p><input type="radio"/> Arthrogram (joint injection) <input type="radio"/> Cardiac calcium scoring <input type="radio"/> CTA <input type="radio"/> CT low dose lung screening <input type="radio"/> Other _____</p>	<p align="center">DIAGNOSTIC AND THERAPEUTIC INJECTIONS</p> <p>Area of body _____ <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Other _____</p> <p>Level(s) _____ Treatment <input type="radio"/> 1x <input type="radio"/> OR <input type="radio"/> Up to 3x <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL</p> <p><input type="radio"/> Arthrogram <input type="radio"/> Discogram <input type="radio"/> Epidural steroid injection (ESI) <input type="radio"/> Facet joint injection <input type="radio"/> Facet nerve injection/Medial branch block <input type="radio"/> Lumbar puncture <input type="radio"/> Therapeutic <input type="radio"/> Diagnostic <input type="radio"/> Myelogram <input type="radio"/> Rhizotomy <input type="radio"/> Selective nerve root block/Epidural <input type="radio"/> SI joint injection <input type="radio"/> Therapeutic joint injection <input type="radio"/> Trigger point injection(s) <input type="radio"/> Vertebroplasty/Kyphoplasty</p>
<p align="center">ULTRASOUND</p> <p>Area of body _____ <input type="radio"/> Transvaginal study if clinically indicated by radiologist <input type="radio"/> OR <input type="radio"/> No transvaginal <input type="radio"/> Doppler if clinically indicated by radiologist <input type="radio"/> OR <input type="radio"/> No Doppler</p>	<p align="center">WOMEN'S IMAGING SERVICES</p> <p><input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL</p> <p><input type="radio"/> Screening mammogram (3D tomosynthesis) <i>There are no patient or physician concerns; proceed with diagnostic imaging if abnormality is found.</i></p> <p><input type="radio"/> Ok to proceed with diagnostic breast imaging Diagnostic breast imaging may include as clinically indicated: • Mammography • Breast ultrasound • Breast MRI • Core biopsy</p> <p><input type="radio"/> Breast MRI (bilateral) - for high-risk surveillance <input type="radio"/> Screening or <input type="radio"/> Diagnostic</p>	<p align="center">REGENERATIVE MEDICINE</p> <p><input type="radio"/> Bone marrow concentrate (BMC) <input type="radio"/> Platelet rich plasma (PRP) injection <input type="radio"/> Other _____</p>
<p align="center">NUCLEAR MEDICINE</p> <p align="center"><i>(Poulsbo only)</i></p> <p><input type="radio"/> Bone scan <input type="radio"/> Whole body <input type="radio"/> 3 phase <input type="radio"/> SPECT <input type="radio"/> Limited</p> <p><input type="radio"/> Hepatobiliary (HIDA) w/EF <input type="radio"/> Gastric emptying <input type="radio"/> Lung ventilation/perfusion <input type="radio"/> Renal flow & function <input type="radio"/> Thyroid uptake & scan <input type="radio"/> Parathyroid <input type="radio"/> Other _____</p>	<p align="center">BONE DENSITY</p> <p><input type="radio"/> Screening or <input type="radio"/> Diagnostic</p> <p>• History of pathological fracture? <input type="radio"/> No <input type="radio"/> Yes</p> <p>• Age-related osteoporosis w/o current pathological fracture? <input type="radio"/> No <input type="radio"/> Yes</p> <p>• Estrogen deficiency/clinical risk for osteoporosis? <input type="radio"/> No <input type="radio"/> Yes</p> <p>• Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? <input type="radio"/> No <input type="radio"/> Yes</p>	<p align="center">X-RAY</p> <p>Area of body _____ <input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL</p> <p>Views _____</p>

Patient considerations (check all that apply) Claustrophobic Interpreter needed (language) _____ Sedation (administered by RAYUS Radiology)
All patients receiving sedation require a driver.
 On-site creatinine testing needed*
 *Lab values may be needed within 30 days of the exam for IV contrast if the patient: 1) is diabetic, 2) is 60 years or older, 3) is on chemotherapy, 4) has history of kidney or liver disease or 5) has hypertension

REPORTING METHOD		
<input type="radio"/> Routine <input type="radio"/> Hold and call _____	<input type="radio"/> Read and call _____ <input type="radio"/> Patient to hand carry films/CD/report	<input type="radio"/> STAT/ASAP <input type="radio"/> Next-day follow-up
Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	NPI # (required for new providers)	Date

Visit RAYUSradiology.com for detailed driving directions to our centers. Call us at 855.643.7226.



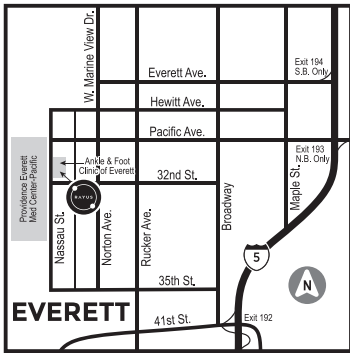
BELLEVUE
1310 116th Ave. NE, Suite E
Bellevue, WA 98004

**BELLEVUE
BREAST IMAGING**
1810 116th Ave. NE, Suite 101
Bellevue, WA 98004

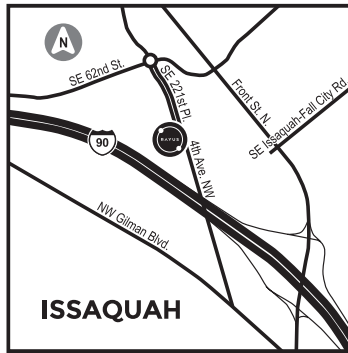


FEDERAL WAY
33801 First Way S., Suite 101
Federal Way, WA 98003

**FEDERAL WAY
BREAST IMAGING**
33801 First Way S., Suite 100
Federal Way, WA 98003

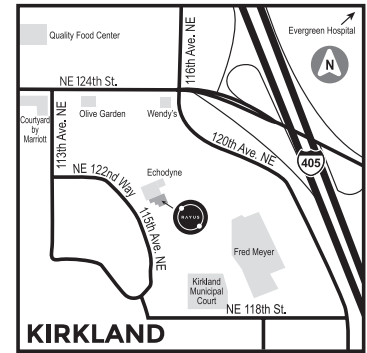


EVERETT
3131 Nassau St., Suite 102
Everett, WA 98201



ISSAQUAH
1301 4th Ave. NW, Suite 202
Issaquah, WA 98027

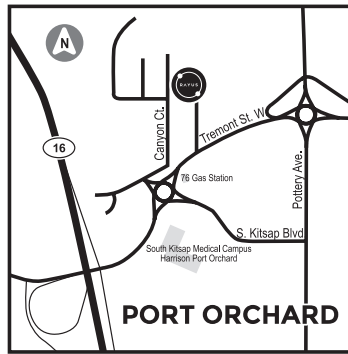
**ISSAQUAH
BREAST IMAGING**
1301 4th Ave. NW, Suite 203
Issaquah, WA 98027



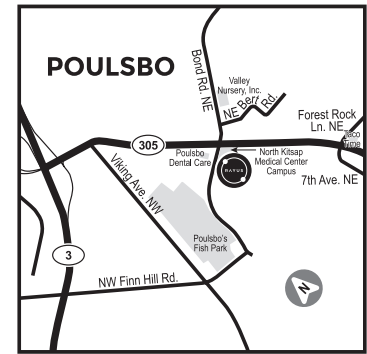
KIRKLAND
12112 115th Ave. NE, Suite B
Kirkland, WA 98034



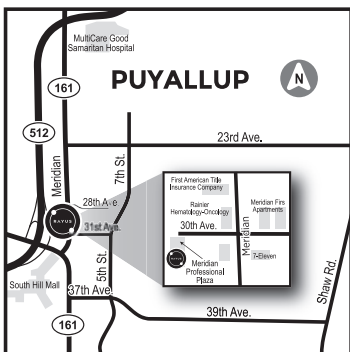
LAKEWOOD
7308 Bridgeport Way W., Suite 101
Lakewood, WA 98499



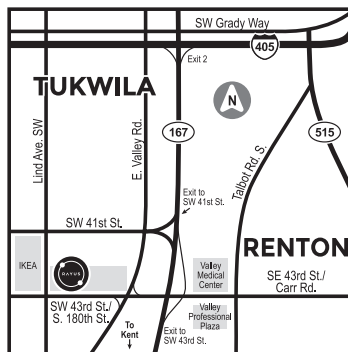
PORT ORCHARD
463 Tremont St. W., Suite 130
Port Orchard, WA 98366



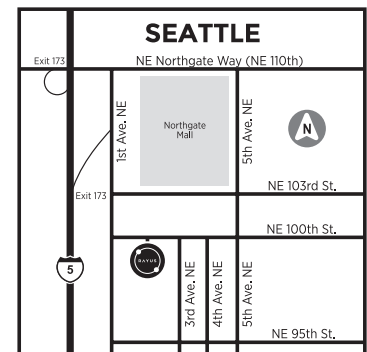
POULSBO
North Kitsap Medical Center
20700 Bond Rd. NE, Bldg. B
Poulsbo, WA 98370



PUYALLUP
2930 S. Meridian, Suite 160
Puyallup, WA 98373



RENTON
220 SW 43rd St.
Renton, WA 98057



SEATTLE
115 N.E. 100th St., Suite 101
Seattle, WA 98125

Physician services provided by Medical Scanning Consultants, PA and Radiology Consultants of Washington, Inc., PS.

RAYUSradiology.com/washington