

# ENT ORDER FORM

## SCHEDULING

P: 503.253.1105  
 F: 503.535.8394  
 E: ORRAYUSorders@RAYUSradiology.com

- Bethany
- Gateway
- Hall/Nimbus
- Happy Valley
- Slabtown

- Patient will call to schedule
- Call patient to schedule



See back for addresses

|  |                |                 |                   |  |
|--|----------------|-----------------|-------------------|--|
| Appointment date and time  |                | Check-in time   | Patient DOB       | Sex assigned at birth<br><input type="radio"/> M <input type="radio"/> F |
| Patient name (as shown on insurance card)  |                | Primary phone # | Secondary phone # |  |
| Insurance name   |                | Insurance ID #  | Authorization #   |  |
| <input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private <input type="radio"/> No insurance | Date of injury | Claim #         | Attorney name     |  |

|   |  |                 |
|---|--|-----------------|
| (REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include <b>specific</b> clinical indications (such as location, context and severity) to support medical necessity for each test. | <b>Clinical Decision Support (CDS)</b> |                 |
|   | <b>Required for Medicare Part B</b>    |                 |
|   | Modifier (determination)               | G-code (vendor) |

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

Area of body  R  L  BIL

## MRI CT

IV contrast as clinically indicated by radiologist OR  No contrast

- Brain
- Orbits
- IAC
  - Routine
  - Prior surgery
  - Cholesteatoma
- Pulsatile tinnitus
  - CT temporal
  - MRI brain IAC W/WO and MRA brain
- Soft tissue neck
- Parotid/Submandibular gland
- Facial nerve (MRI brain W/WO with dedicated high resolution images)
- Cranial nerve (MRI brain W/WO)
- Trigeminal nerves (MRI brain W/WO)
- Frontal sinus (obliteration protocol/MR sinus)
- Face/Neck
- Other \_\_\_\_\_

IV contrast as clinically indicated by radiologist OR  No contrast

- Sinus
  - Routine sinus
  - Pre-surgical planning navigational sinus
- Please check appropriate protocol**
  - Stryker
  - Medtronic - Stealth
  - Medtronic - Fusion
  - LandmarX
  - Other \_\_\_\_\_
- Soft tissue neck (frontal sinus to sternum)
  - Parathyroid protocol
  - Salivary/Submandibular gland/Stone protocol
  - Referred otalgia
  - Vocal cord paralysis  L  R
- Mastoids/Temporal bone
  - Acoustic neuroma protocol
- Maxillofacial
- Orbits
- TMJ W/3D reconstruction
- Chest
- Neck/Chest
- Neck/Chest/Abdomen/Pelvis
- Other \_\_\_\_\_

## BIOPSY

- Core biopsy - area of body \_\_\_\_\_
- Fine needle aspiration
- MRI-guided
- CT-guided

## ULTRASOUND

- Thyroid
- Neck soft tissue
- Other \_\_\_\_\_

**Prior studies**  No  Yes Location of prior studies \_\_\_\_\_

**Patient consideration**  Sedation (administered by RAYUS Radiology) All patients receiving sedation require a driver.

**Lab results** Creatinine \_\_\_\_\_ BUN \_\_\_\_\_ Blood draw date \_\_\_\_\_  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**  Report only  Report & images  Report & CD  Phone report  Fax report

|  |                                      |         |
|--|--------------------------------------|---------|
| Provider name (print)  | Provider location<br><b>City/Zip</b> | Phone # |
| Provider signature (required)<br><b>Do not use rubber stamp.</b> | NPI # (required for new providers)   | Date    |