

CHIROPRACTIC ORDER FORM

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



- Bellevue P: 425.637.9729 F: 425.462.8309
- Bellevue Breast Center P: 425.974.1044 F: 425.974.1033
- Everett P: 425.740.5000 F: 425.740.5010
- Federal Way P: 253.942.7226 F: 253.942.3517
- Federal Way Breast Center P: 253.735.1991 F: 253.941.6941
- Issaquah P: 206.524.5599 F: 206.524.5338
- Issaquah Breast Center P: 206.524.5599 F: 206.524.5338

- Kirkland P: 425.821.3472 F: 425.820.4115
- Lakewood P: 253.682.1666 F: 253.682.1667
- Port Orchard P: 360.598.3141 F: 360.598.3431
- Poulsbo P: 360.598.3141 F: 360.598.3431
- Puyallup P: 253.286.2092 F: 253.848.2161
- Renton P: 425.228.4000 F: 425.228.2789
- 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 #	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		Contact #		

(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

<h3 style="text-align: center;">MRI</h3> <p>Area of body _____ <input type="radio"/> L <input type="radio"/> OR <input type="radio"/> BIL</p> <p><input type="radio"/> IV contrast as clinically indicated by radiologist OR <input type="radio"/> No contrast</p> <p><input type="radio"/> MRI</p> <ul style="list-style-type: none"> <input type="radio"/> High-field MRI <input type="radio"/> 3T MRI <input type="radio"/> Open MRI <input type="radio"/> Angiogram (MRA) <input type="radio"/> Arthrogram (joint injection) <p><input type="radio"/> OPEN UPRIGHT MRI</p> <ul style="list-style-type: none"> <input type="radio"/> Flexion <input type="radio"/> Extension <input type="radio"/> Standing <input type="radio"/> Other _____ <p>MRI spine interpretations will be performed by a subspecialized spine radiologist and Stephen Fridinger, DC, DACBR, or Timothy Mick, DC, DACBR. If you prefer, you may request: <input type="radio"/> MD read only <input type="radio"/> Chiropractic read (includes MD read)</p>	<h3 style="text-align: center;">CT</h3> <p>Area of body _____ <input type="radio"/> L <input type="radio"/> OR <input type="radio"/> BIL</p> <p><input type="radio"/> IV contrast as clinically indicated by radiologist OR <input type="radio"/> No contrast</p> <p><input type="radio"/> 3D reconstructions as clinically indicated by radiologist OR <input type="radio"/> No 3D reconstructions</p> <p><input type="radio"/> Arthrogram (joint injection)</p> <p><input type="radio"/> Spine</p> <ul style="list-style-type: none"> <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <p><input type="radio"/> Extremity _____</p> <p><input type="radio"/> Other _____</p>	<h3 style="text-align: center;">DIAGNOSTIC AND THERAPEUTIC INJECTIONS</h3> <p style="text-align: center; font-size: small;">Federal Way, Lakewood, Puyallup only</p> <p><input type="radio"/> Consultation and treat. Treatment may include:</p> <ul style="list-style-type: none"> <input type="radio"/> Epidural steroid injection <input type="radio"/> SI joint injection <input type="radio"/> Facet nerve/rhizotomy work-up <input type="radio"/> Rhizotomy <input type="radio"/> Other _____ <h4 style="text-align: center;">REGENERATIVE MEDICINE</h4> <ul style="list-style-type: none"> <input type="radio"/> Bone marrow concentrate (BMC) <input type="radio"/> Platelet rich plasma (PRP) injection <input type="radio"/> Other _____
<h3 style="text-align: center;">ULTRASOUND</h3> <p>Area of body _____ <input type="radio"/> L <input type="radio"/> OR <input type="radio"/> BIL</p> <p><input type="radio"/> Doppler if clinically indicated by radiologist OR <input type="radio"/> No Doppler</p>	<h3 style="text-align: center;">X-RAY</h3> <p style="text-align: center;"><input type="radio"/> L <input type="radio"/> OR <input type="radio"/> BIL</p> <p>Views _____</p> <ul style="list-style-type: none"> <input type="radio"/> Spine <ul style="list-style-type: none"> <input type="radio"/> Cervical <input type="radio"/> Thoracic <input type="radio"/> Lumbar <input type="radio"/> Shoulder <input type="radio"/> Elbow <input type="radio"/> Hip(s) <input type="radio"/> Pelvis <input type="radio"/> Knee <input type="radio"/> Leg length <input type="radio"/> Scoliosis <input type="radio"/> Other _____ 	<h3 style="text-align: center;">WOMEN'S IMAGING SERVICES</h3> <p style="text-align: center; font-size: small;">Federal Way, Lakewood, Puyallup only</p> <h4 style="text-align: center;">BONE DENSITY</h4> <ul style="list-style-type: none"> <input type="radio"/> Screening or <input type="radio"/> Diagnostic <input type="radio"/> History of pathological fracture? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Age-related osteoporosis w/o current pathological fracture? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Estrogen deficiency/clinical risk for osteoporosis? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Other _____

Patient considerations (check all that apply) Claustrophobic Interpreter needed (language) _____ Sedation (administered by RAYUS Radiology)

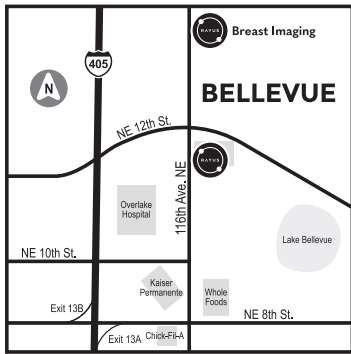
Lab results Creatinine _____ BUN _____ Blood draw date _____ All patients receiving sedation require a driver.

*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"/> STAT/ASAP
		<input type="radio"/> Patient to hand carry films/CD/report	<input type="radio"/> Next-day follow-up
Provider name (print)	Provider location	City/Zip	
Provider signature (required)	NPI # (required for new providers)	Date	

Do not use rubber stamp.

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



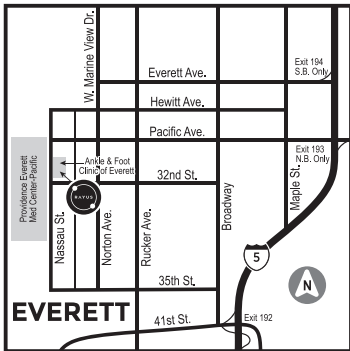
BELLEVUE
1310 116th Ave. NE, Suite E
Bellevue, WA 98004

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

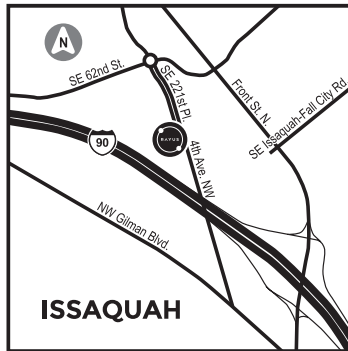


FEDERAL WAY
33801 First Way S., Suite 101
Federal Way, WA 98003

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

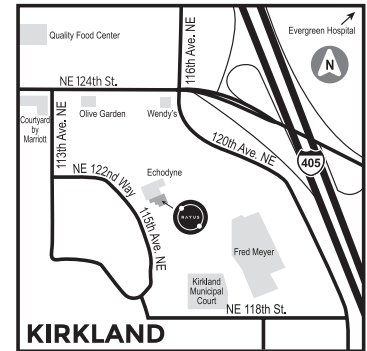


EVERETT
3131 Nassau St., Suite 102
Everett, WA 98201

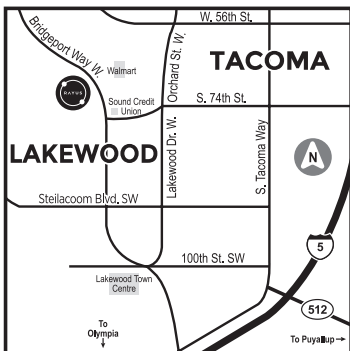


ISSAQUAH
1301 4th Ave. NW, Suite 202
Issaquah, WA 98027

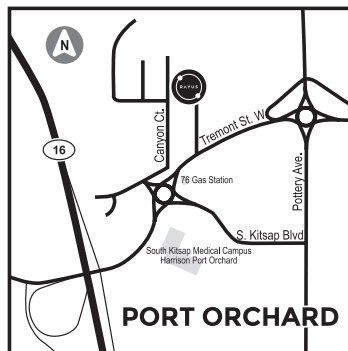
ISSAQUAH BREAST CENTER
1301 4th Ave. NW, Suite 203
Issaquah, WA 98027



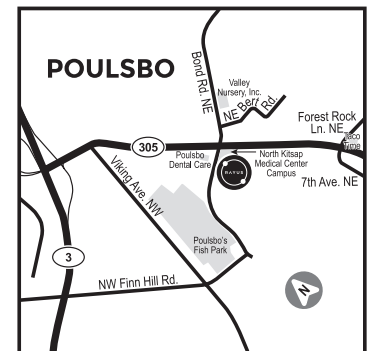
KIRKLAND
12112 115th Ave. NE, Suite B
Kirkland, WA 98034



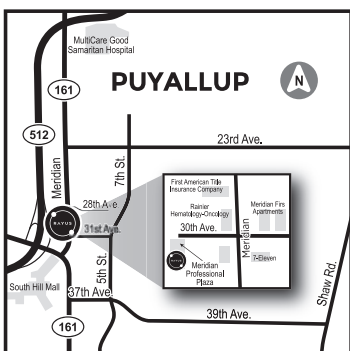
LAKWOOD
7308 Bridgeport Way W., Suite 101
Lakewood, WA 98499



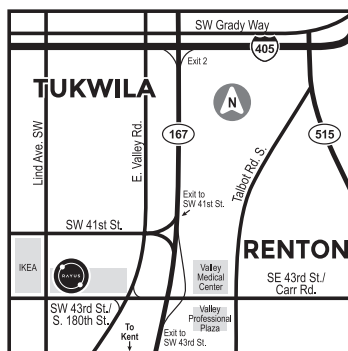
PORT ORCHARD
463 Tremont St. W., Suite 130
Port Orchard, WA 98366



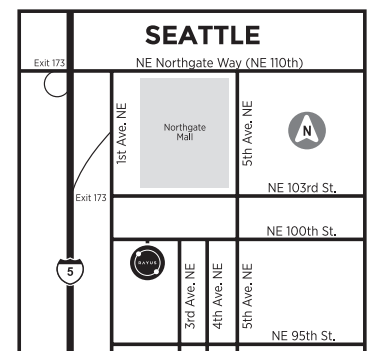
POULSBO
North Kitsap Medical Center
20700 Bond Rd. NE, Bldg. B
Poulsbo, WA 98370



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