

# CHIROPRACTIC ORDER FORM

**CONTACT**

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- South Ogden
- Layton
- Salt Lake City (Brickyard)
- Salt Lake City (State)
- Taylorsville (Redwood)
- South Jordan
- Riverton
- Pleasant Grove
- Springville
- See back for addresses*



Patient name (as shown on insurance card)		Date of birth	Sex assigned at birth <input type="radio"/> M <input type="radio"/> F
Primary phone #	Secondary phone #	Appt date/time <span style="float: right;">AM/PM</span>	
Symptoms/Diagnosis	Date of injury	Attorney/Insurance information	
Physician comments			

## MRI

- IV contrast as clinically indicated by radiologist  
  Without contrast  
  With/Without contrast  
 R  L  BIL

**SPINE**

- Cervical
- Upper cervical
- Complete cervical
- Thoracic
- Lumbar
- Weight bearing study
- SI

**BODY**

- Abbreviated breast
- Pelvis
- Sacrum

**HEAD**

- Brain
- TBI brain
- TBI brain ANDI
- TMJ bilateral

**MRA**

- Brain
- Neck

**LOWER AND UPPER EXTREMITIES**

- Hip
- Arthrogram
- Cartilage mapping
- Knee
- Arthrogram
- Cartilage mapping
- Ankle
- Non-joint \_\_\_\_\_
- Shoulder
- Arthrogram
- Cartilage mapping
- Elbow
- Wrist
- Arthrogram
- Hand
- Non-joint \_\_\_\_\_

Other \_\_\_\_\_

## X-RAY

OR OL O BIL

**VIEWS**

- Cervical \_\_\_\_\_
- Thoracic \_\_\_\_\_
- Lumbar \_\_\_\_\_
- Scoliosis stitching \_\_\_\_\_
- Chest \_\_\_\_\_
- Pelvis \_\_\_\_\_
- Other \_\_\_\_\_

**VIEWS**

- Rib \_\_\_\_\_
- Hip \_\_\_\_\_
- Knee \_\_\_\_\_
- Ankle \_\_\_\_\_
- Foot \_\_\_\_\_
- Shoulder \_\_\_\_\_

**VIEWS**

- Clavicle \_\_\_\_\_
- AC joint \_\_\_\_\_
- Elbow \_\_\_\_\_
- Wrist \_\_\_\_\_
- Hand \_\_\_\_\_

## CT

- IV contrast as clinically indicated by radiologist  
  With contrast  
  Without contrast  
  With/Without contrast

- Head/Brain
- Orbits
- Calcium scoring
- Other \_\_\_\_\_
- Sinus
- Soft tissue neck
- Chest
- Abdomen/Pelvis
- Angiogram (CTA) \_\_\_\_\_
- Cervical
- Thoracic
- Lumbar
- Maxillofacial
- Upper extremity
- Lower extremity
- R  L  BIL
- R  L  BIL

## ULTRASOUND

Type of study \_\_\_\_\_

Provider signature (required) <span style="color: grey; font-weight: bold;">Do not use rubber stamp.</span>	Provider name	Date
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**SOUTH OGDEN**

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**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**

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