

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 **CT**

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

Arthrogram _____
 Other _____

NEURO
 Brain
 Orbits
 TBI brain
 TBI brain ANDI
 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

MRA
 Head
 Neck
 Renal

MRV
 Head

BODY
 Abbreviated breast
 Breast
 Chest
 Abdomen
 Enterography (abd/pel)
 MRCP
 Pelvis
 Hip R L BIL

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

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

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

Extremity 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
 (Salt Lake City State only)

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

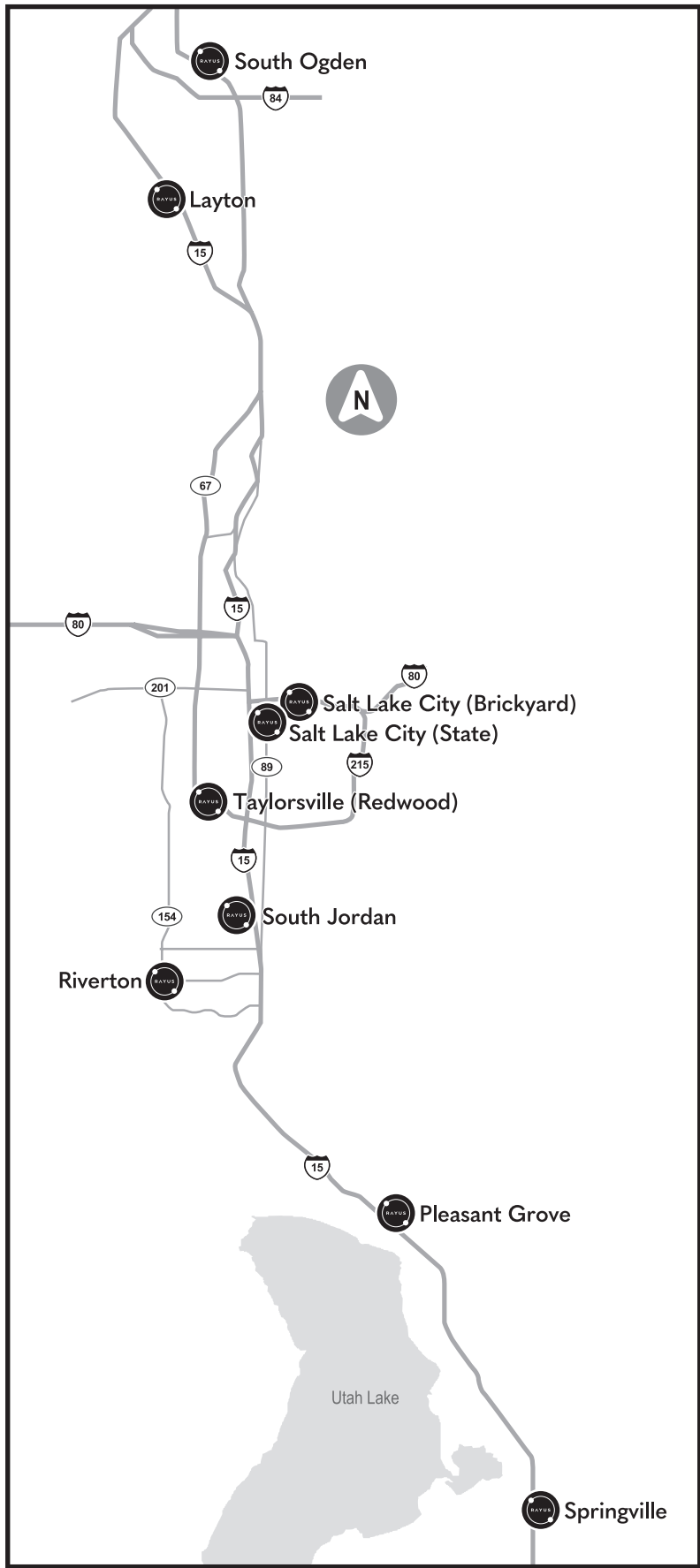
Provider name (print)	NPI # (required for new providers)	Phone #	Fax #
Provider signature (required) Do not use rubber stamp.	Provider location City/Zip	Date	

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

TAYLORSVILLE (REDWOOD)

6243 S. Redwood Rd., Suite 130
Taylorsville, UT 84123

SOUTH JORDAN

10696 S. River Front Pkwy.
South Jordan, UT 84095

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

