

CHIROPRACTIC ORDER FORM

SCHEDULING

P: 503.253.1105

F: 503.535.8394

E: ORRAYUSorders@RAYUSradiology.com

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

See back for addresses

- ☐ Patient will call to schedule
☐ Call patient to schedule



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

(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

If you prefer, you may request: ☐ MD read only OR ☐ Chiropractic read

X-RAY

SPINE

- ☐ Cervical spine (AP, APOM, Lat)
Additional views:
☐ Flex/Ext
☐ Obliques
☐ APOM R/L lateral bending
☐ AP, APOM, lat, flex, ext, obliques (Davis series)
☐ Thoracic spine (AP, lat)
Additional views:
☐ AP, lat, swimmers
☐ Lumbar spine (AP/PA, lat)
☐ AP/PA, lat
☐ Lat L/S spot
☐ Axial L/S spot
☐ Obliques
☐ Flex/Ext
☐ R/L lateral bending
☐ Sacrum/Coccyx
☐ AP, lat
☐ Scoliosis assessment
☐ AP, lat, T/L (thoracolumbar)
☐ Other spine views (specify) _____

LOWER EXTREMITY

- ☐ Pelvis
☐ AP
☐ Hip ☐ R ☐ L
☐ AP pelvis/frog leg lateral ☐ R ☐ L
☐ Knee
☐ AP, lat ☐ R ☐ L
☐ Tunnel
☐ Sunrise
☐ PA/Rosenberg
☐ Ankle ☐ R ☐ L
☐ AP, lat, obl ☐ R ☐ L
☐ Foot ☐ R ☐ L
☐ AP, lat, obl

CHEST/THORAX IMAGING

- ☐ Chest ☐ R ☐ L
☐ PA, lat ☐ PA
☐ Ribs ☐ R ☐ L
☐ Upper AP or PA, obl, PA chest
☐ Lower AP or PA, obl, PA chest

UPPER EXTREMITY

- ☐ Shoulder ☐ R ☐ L
☐ AP with int/ext rotation
☐ Grashey
☐ Transaxial
☐ 'Y' view
☐ Aciclavicle ☐ R ☐ L
☐ Acromioclavicular joint ☐ R ☐ L
☐ With and without weight-bearing
☐ Elbow ☐ R ☐ L
☐ AP, lat
☐ Radial head
☐ Wrist ☐ R ☐ L
☐ PA, lat, obl
☐ Scaphoid
☐ Hand ☐ R ☐ L
☐ PA, lat, obl

OSTEOPOROSIS SCREENING

DXA/BMD SCAN

- ☐ Screening or ☐ Diagnostic
☐ History of pathological fracture? ☐ No ☐ Yes
☐ Age-related osteoporosis w/o current pathological fracture? ☐ No ☐ Yes
☐ Estrogen deficiency/clinical risk for osteoporosis? ☐ No ☐ Yes
☐ Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids?
☐ No ☐ Yes
☐ Including vertebral fracture assessment (Gateway only) ☐ No ☐ Yes

MRI

☐ IV contrast as clinically indicated by radiologist OR ☐ No contrast

- ☐ Angiogram
☐ Arthrogram (joint injection) -
Specify _____
☐ Brain
☐ Imeka™ ANDI™ study

UPPER EXTREMITY

- ☐ Shoulder ☐ R ☐ L ☐ BIL

LOWER EXTREMITY

- ☐ Hip ☐ R ☐ L ☐ BIL
☐ Knee ☐ R ☐ L ☐ BIL
☐ Ankle ☐ R ☐ L ☐ BIL

SPINE

- ☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Upper cervical whiplash

- ☐ Extremity (specify) _____
☐ Other _____

CT

☐ IV contrast as clinically indicated by radiologist OR ☐ No contrast

☐ 3D reconstructions as clinically indicated by radiologist
OR ☐ No reconstructions

- ☐ Leg length study
☐ Spine (specify) _____
☐ Extremity (specify) _____
☐ Other _____

OTHER

Previous treatments/imaging/exams ☐ No ☐ Yes What type _____

Patient considerations (check all that apply) ☐ Requires transportation ☐ Allergies to contrast agents ☐ Diabetes ☐ Weight consideration ☐ Claustrophobic
☐ Interpreter needed (language) _____ ☐ Renal failure/dialysis ☐ Sedation (administered by RAYUS Radiology) All patients receiving sedation require a driver.
☐ Other _____

Lab results Creatinine _____ BUN _____ Blood draw date _____ ☐ On-site creatinine testing needed

REPORTING METHOD

- ☐ Routine ☐ Read and call _____ ☐ STAT/ASAP
☐ Hold and call _____ ☐ Patient to hand carry films/CD/report ☐ Next-day follow-up

Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required)	NPI # (required for new providers)	Date

Do not use rubber stamp.

PATIENT PREPARATION

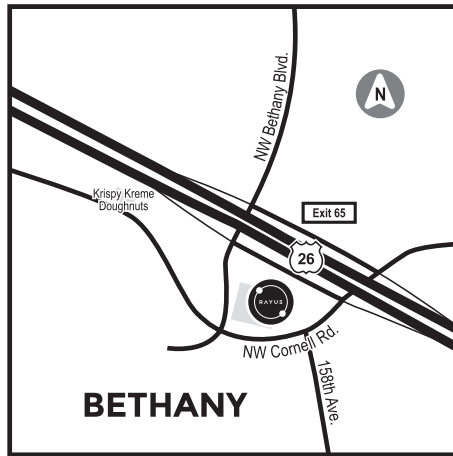
ARTHROGRAM • DXA SCAN

No preparation is necessary.

CT • MRI

Bring prior MRI, CT or X-ray films. Call for instructions: 503.253.1105

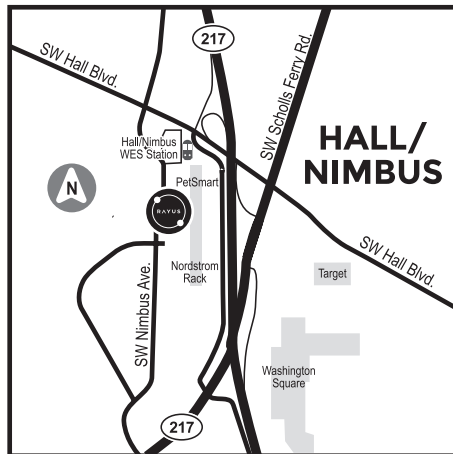
BETHANY
1500 NW Bethany Blvd.
Suite 100
Beaverton, OR 97006



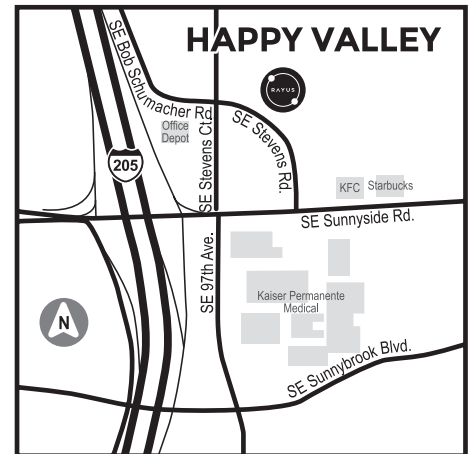
GATEWAY
233 NE 102nd Ave.
Portland, OR 97220



HALL/NIMBUS
8950 SW Nimbus Ave.
Beaverton, OR 97008



HAPPY VALLEY
10121 SE Sunnyside Rd.
Suite 170
Clackamas, OR 97015



SLABTOWN
2055 NW Savior St.
Suite 110
Portland, OR 97209

