

CHIROPRACTIC ORDER FORM

SCHEDULING

Patient will call to schedule
 Call patient to schedule
 Tax ID #46-5265469
 NPI #1164829214

DESOTO
 MANSFIELD
 P: 214.420.5400

MCKINNEY
 PLANO
 RICHARDSON
 P: 972.920.0120

E: TXimagingorders@RAYUSradiology.com

See back for fax numbers and addresses



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 #		Group #
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury		Pre-authorization #
(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? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela			

MRI CT

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

NEURO
 Brain w/o with IMEKA (ANDI)
 Brain w/o with diffusion tensor imaging (DTI)
 TMJ
 Neck (soft tissue)
 Cervical with whiplash
 Other _____

SPINE
 Upper cervical
 Cervical
 Thoracic
 Lumbar

MSK
 Extremity joint _____
 L R BIL Arthrogram (if indicated)
 Extremity non-joint _____
 L R BIL

OTHER
 Screening to rule out metal (X-ray or CT as available)

MRI spine interpretations will be performed by a subspecialized spine radiologist and **Stephen Fridinger, DC, DACBR, or Timothy J. Mick, DC, DACBR, FICC**. If you prefer, you may request:
 MD read only **OR**
 Chiropractic read (includes MD read)

X-RAY

L R BIL

Area of body _____

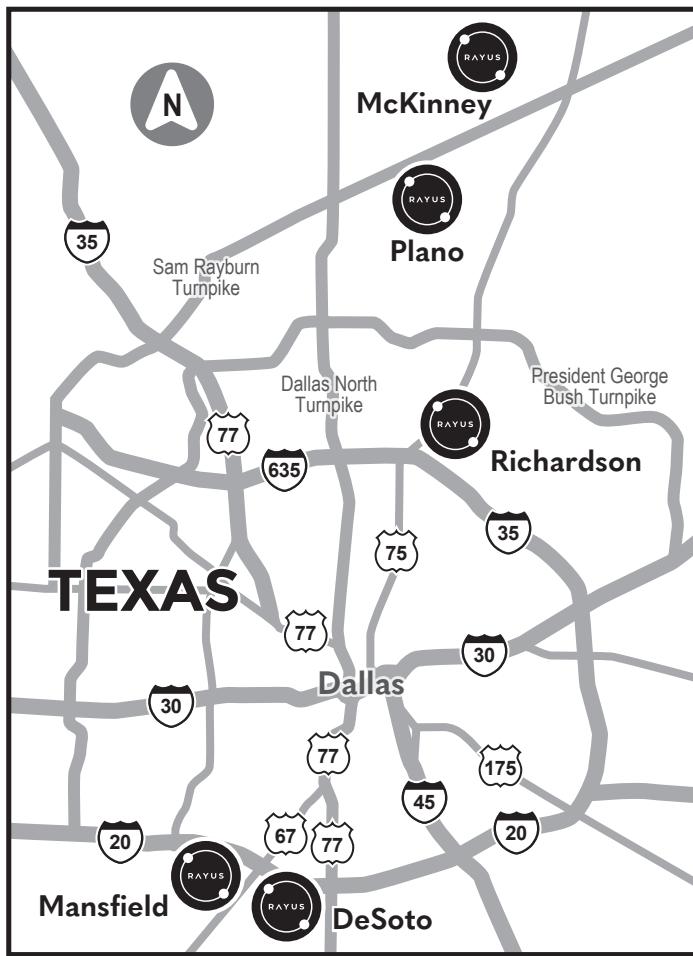
Views _____

BONE DENSITY

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

See the back of this form for a complete list of our locations and services.

Patient considerations (check all that apply)		<input type="radio"/> Claustrophobic	<input type="radio"/> Sedation (administered by RAYUS Radiology) <i>All patients receiving sedation require a driver.</i>
Lab results		Creatinine _____ BUN _____	Blood draw date* _____ <input type="radio"/> On-site creatinine testing needed*
<i>*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 renal failure or renal disease or 5) has only one kidney</i>			
REPORTING METHOD		<input type="radio"/> STAT call # _____ <input type="radio"/> CD to provider's office	<input type="radio"/> STAT fax # _____ <input type="radio"/> Patient to hand carry CD/report <input type="radio"/> STAT/ASAP
Provider name (print)		Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.		NPI # (required for new providers)	Date



CENTER	PHONE/FAX	ADDRESS	HIGH-FIELD MRI	CT	ULTRA-SOUND	MAMMO	DXA	X-RAY	OTHER SERVICES
DeSoto	P: 214.420.5400 F: 214.420.5401	1750 N. Hampton Rd. DeSoto, TX 75115	●	●	●	●	●	●	3D mammography, Bone density, Breast cancer risk assessment, Breast MRI, Biopsies
Mansfield	P: 214.420.5400 F: 817.453.8082	2975 E. Broad St., Suite 101 Mansfield, TX 76063	● (Open)	●	●			●	Arthrogram, Breast MRI
McKinney	P: 972.920.0120 F: 214.592.0035	7300 Eldorado Pkwy., Suite 170 McKinney, TX 75070	● (Oval)	●	●	●	●	●	3D mammography, Breast cancer risk assessment, Breast MRI, Bone density
Plano	P: 972.920.0120 F: 972.208.1421	8080 Independence Pkwy., Suite 105 Plano, TX 75025	● (Wide-bore)	●	●	●	●	●	3D mammography, Breast cancer risk assessment, Breast biopsies, Arthrogram, Bone density
Richardson	P: 972.920.0120 F: 972.238.1222	4140 E. Renner Rd., Suite 100 Richardson, TX 75082	● (Open)	●	●			●	Arthrogram