

# CHIROPRACTIC ORDER FORM

## SCHEDULING

P: 952.541.1840  
F: 952.543.6524  
E: TCorders@RAYUSradiology.com

- Patient will call to schedule  
 Call patient to schedule

## INSURANCE

**SPECIALIST LINE**  
P: 952.541.1111

## RADIOLOGIST CONSULTATION HOTLINE

P: 888.541.SCAN (7226)

- |                                     |                                      |
|-------------------------------------|--------------------------------------|
| <input type="radio"/> Blaine        | <input type="radio"/> Maplewood      |
| <input type="radio"/> Burnsville    | <input type="radio"/> North St. Paul |
| <input type="radio"/> Coon Rapids   | <input type="radio"/> Otsego         |
| <input type="radio"/> Eagan         | <input type="radio"/> Plymouth       |
| <input type="radio"/> Eden Prairie  | <input type="radio"/> Roseville      |
| <input type="radio"/> Edina         | <input type="radio"/> Shakopee       |
| <input type="radio"/> Highland Park | <input type="radio"/> St. Louis Park |
| <input type="radio"/> Lakeville     | <input type="radio"/> West St. Paul  |
| <input type="radio"/> Maple Grove   | <input type="radio"/> Woodbury       |



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
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	Attorney name/claim #		

**(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

**(REQUIRED) Area of body**

Cervical  Thoracic  Lumbar  R  L  BIL

<h3>MRI</h3> <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"> <li><input type="radio"/> High-field MRI</li> <li><input type="radio"/> 3T MRI</li> <li><input type="radio"/> Open MRI</li> <li><input type="radio"/> Angiogram</li> <li><input type="radio"/> Arthrogram (joint injection)</li> <li><input type="radio"/> Brain volumetric imaging</li> <li><input type="radio"/> Whiplash protocol</li> </ul> <p><input type="radio"/> OPEN UPRIGHT MRI</p> <ul style="list-style-type: none"> <li><input type="radio"/> Flexion</li> <li><input type="radio"/> Extension</li> <li><input type="radio"/> Standing</li> <li><input type="radio"/> Hybrid</li> <li><input type="radio"/> Other _____</li> </ul> <p>MRI spine interpretations will be performed by a subspecialized spine radiologist and a chiropractic radiologist (DACBR). If you prefer, you may request:</p> <ul style="list-style-type: none"> <li><input type="radio"/> MD read only</li> <li><input type="radio"/> Chiropractic read (includes MD read)</li> </ul>	<h3>CT</h3> <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> <h3>X-RAY</h3> <p>Views</p> <ul style="list-style-type: none"> <li><input type="radio"/> Standard _____</li> <li><input type="radio"/> Additional _____</li> </ul> <p>Read preference</p> <ul style="list-style-type: none"> <li><input type="radio"/> Subspecialized chiropractic radiologist</li> <li><input type="radio"/> Subspecialized spine radiologist</li> <li><input type="radio"/> Other RAYUS preferred radiologist or RCS @ NWHSU</li> </ul>	<h3>DIAGNOSTIC AND THERAPEUTIC INJECTIONS</h3> <p><input type="radio"/> Diagnostic and therapeutic injection consultation and treatment. Treatment may include:</p> <ul style="list-style-type: none"> <li>- Epidural steroid injection</li> <li>- SI joint injection</li> <li>- Facet nerve/Rhizotomy work-up</li> <li>- Rhizotomy</li> </ul> <p><input type="radio"/> Other _____</p>
<h3>ULTRASOUND</h3> <p><input type="radio"/> Doppler if clinically indicated by radiologist OR <input type="radio"/> No Doppler</p>	<h3>INTERVENTIONAL CONSULTATIONS AND PROCEDURES</h3> <ul style="list-style-type: none"> <li><input type="radio"/> RAYUS Pain Care consultation</li> <li><input type="radio"/> BMAC/PRP consultation</li> <li><input type="radio"/> Vascular consultation to evaluate for:             <ul style="list-style-type: none"> <li><input type="radio"/> PAD/CLI</li> <li><input type="radio"/> Non-healing wound</li> <li><input type="radio"/> Varicose veins</li> <li><input type="radio"/> Pelvic congestion</li> <li><input type="radio"/> Uterine fibroid embolization</li> </ul> </li> <li><input type="radio"/> Other _____</li> </ul>	

**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

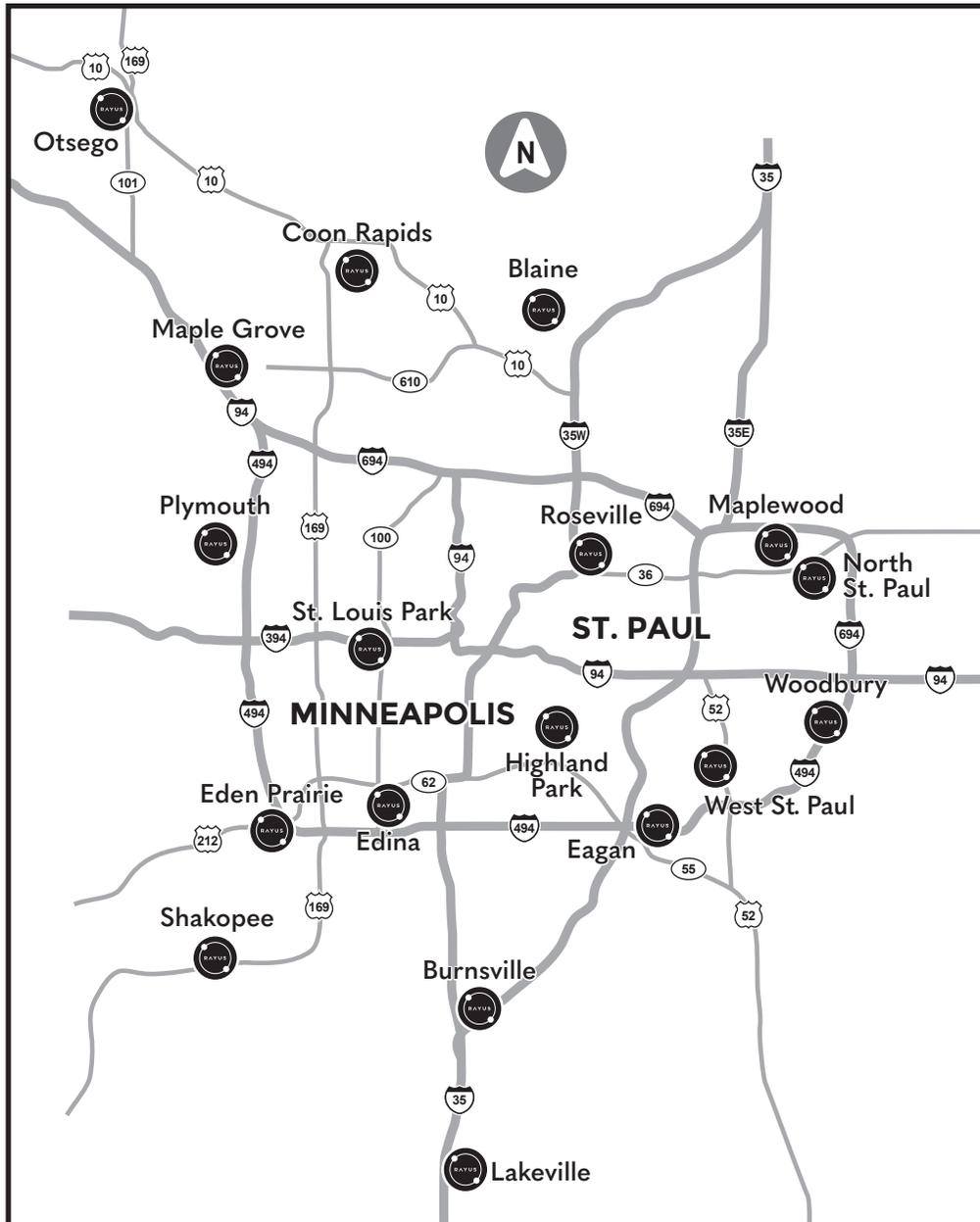
Provider name (print)	Provider location <b>City/Zip</b>	Phone #
Provider signature (required) <i>Do not use rubber stamp.</i>	NPI # (required for new providers)	Date

**SCHEDULING**

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E: TCorders@RAYUSradiology.com

**BLAINE**2305 108th Ln. NE  
Blaine, MN 55449**EDEN PRAIRIE**775 Prairie Center Dr., Suite 260  
Eden Prairie, MN 55344**MAPLEWOOD**1790 Beam Ave.  
Maplewood, MN 55109**SHAKOPEE**2995 Winners Circle, Suite 105  
Shakopee, MN 55379**BURNSVILLE**675 E. Nicollet Blvd., Suite 150  
Burnsville, MN 55337**EDINA**2270 France Ave S.  
Edina, MN 55435**NORTH ST. PAUL**2601 Centennial Dr., Suite 108  
North St. Paul, MN 55109**ST. LOUIS PARK**5775 Wayzata Blvd., Suite 190  
St. Louis Park, MN 55416**COON RAPIDS**3833 Coon Rapids Blvd. NW, Suite 120  
Coon Rapids, MN 55433**HIGHLAND PARK**2270 Ford Pkwy., Suite 202  
St. Paul, MN 55116**OTSEGO**9040 Quaday Ave. NE, Suite 100  
Otsego, MN 55330**WEST ST. PAUL**232 Wentworth Ave. E.  
West St. Paul, MN 55118**EAGAN**2700 Vikings Cir., Suite 110  
Eagan, MN 55121**LAKEVILLE**10438 185th St. W., Suite 100  
Lakeville, MN 55044**PLYMOUTH**15700 37th Ave. N., Suite 100  
Plymouth, MN 55446**WOODBURY**6025 Lake Rd., Suite 130  
Woodbury, MN 55125**MAPLE GROVE**9630 Grove Cir. N., Suite 100  
Maple Grove, MN 55369**ROSEVILLE**1835 W. County Rd. C, Suite 180  
Roseville, MN 55113