WOMEN'S IMAGING ORDER FORM

SCHEDULING
P: 503.253.1105
F: 503.535.8394
E: ORRAYUSorders@RAYUSradiology.com

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

See back for addresses

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

RAYUS RADIOLOGY®

Appointment date and time		Check-in time	Patient DOB	Sex assigned at birth O M O F
Patient name (as shown on insurance card)		Primary phone #		Secondary phone #
Insurance name	Insurance ID #	Authorization #		O Commercial/Private O No insurance

(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include **specific** clinical indications (such as location, laterality, context and severity) to support medical necessity for each test.

Prior studies O Yes O No Location of prior studies _____

3D MAMMOGRAPHY (TOMOSYNTHESIS)

O L OR O BIL

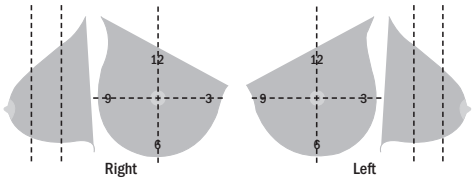
- O Screening
- O Diagnostic
- O **Proceed with additional diagnostic workup per radiologist's discretion (excludes MCR/MCD patients)**
- O Breast MRI
- O Ultrasound
- O Breast biopsy
- O Aspiration

Please indicate findings below

- O Lump
- O Localized nodularity
- O Dimpling or contour deformity
- O Suspicious nipple discharge
- O Non-cyclical localized pain or tenderness
- O Search for unknown primary cancer
- O Suspected complications of breast implants

Specify _____

COMMENTS



ADVANCED BREAST IMAGING

O L OR O BIL

Follow-up of equivocal mammogram, staging, pre-surgical planning.

- O Have a radiologist call for a consult
- O Breast MRI (high risk)
- O Abbreviated breast MRI (moderate risk)
- O Ultrasound (moderate risk, dense breast)
- O Image-guided core biopsy - modality: _____
  - O MRI-guided
  - O Ultrasound-guided
  - O Stereotactic-guided
- O Fine needle aspiration (lymph node)
- O Cyst/Abscess aspiration
- O Other _____

OB/PELVIC IMAGING

- O OB ultrasound limited or follow up (>14 weeks) w/TV if indicated
- O OB ultrasound early (<14 weeks) w/TV if indicated
- O OB ultrasound BPP (biophysical profile) w/TV if indicated
- O Pelvic ultrasound complete (TV if indicated)
  - O Complete
  - O Limited
- O Pelvic MRI (endometriosis, pelvic mass, etc.)
  - O IV contrast as clinically indicated by radiologist
  - O No IV contrast
- O Sonohysterogram (SIS)
- O Other _____

FERTILITY STUDIES

Proof of a negative pregnancy test is required prior to fertility studies.

- O Hysterosalpingogram (HSG) (fallopian tubes)
- O Sonohysterogram (endometrium)

INCONTINENCE/PROLAPSE

- O MRI pelvic prolapse (*Gateway only*)

BONE DENSITY

- O **Specify** _____
- O **DXA scan (osteoporosis screening)**
  - History of pathological fracture? O No O Yes
  - Age-related osteoporosis w/o current pathological fracture? O No O Yes
  - Estrogen deficiency/clinical risk for osteoporosis? O No O Yes
  - Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? O No O Yes
- O Asymptomatic postmenopausal
- O Symptomatic postmenopausal
- O On hormone replacement therapy
- O None of the above
- O **Body composition DXA - *Self pay only***

REPORTING METHOD

O Report only O Report & images O Report & CD O Phone report _____ O Fax report _____

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

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PATIENT PREPARATION

MAMMOGRAM
Do not wear powder, deodorant or lotion.

BREAST MRI
Bring prior MRI or mammogram studies. Call the center for detailed instructions: 503.253.1105

HYSTEROSALPINGOGRAM
Call the center for instructions: 503.253.1105

ULTRASOUND

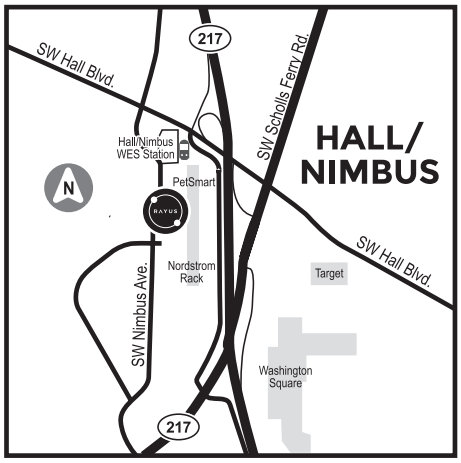
OB/GYN (Exam includes evaluation of pregnancy, uterus, and ovaries)
Drink 32 ounces of water one hour prior to the exam. Do not empty your bladder until the exam is completed.

Sonohysterogram
Drink 32 ounces of water one hour prior to your exam. Please do not use the restroom until you have been directed to do so by one of our staff members.

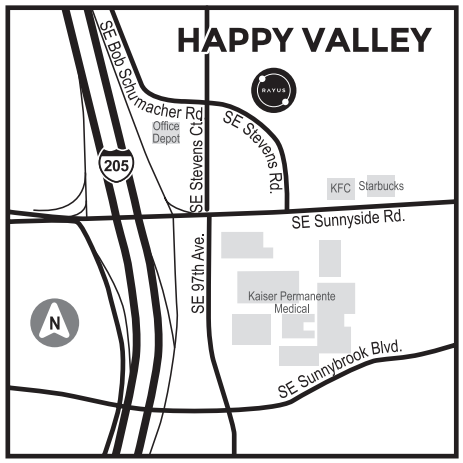
Breast ultrasound
No preparation is necessary.

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

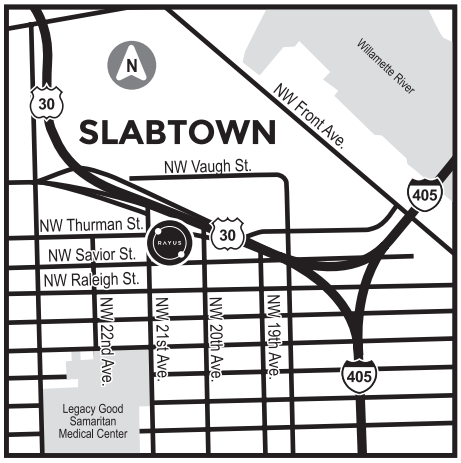
GATEWAY
233 NE 102nd Ave.
Portland, OR 97220



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



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



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

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US SKI & SNOWBOARD OFFICIAL MEDICAL PROVIDER
USA BOBSLED* SKELETON PARTNER
US SPEEDSKATING