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 ○ M ○ F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #	
Insurance name	Insurance ID #	Group #	
○ Auto ○ Workers' comp ○ 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? ○ No ○ Yes **If yes** ○ Initial ○ Subsequent or ○ Sequela

● MRI ● CT

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

NEURO
○ Brain
○ Diffusion Tensor Imaging (DTI)
○ TMI
○ TMJ
○ Neck (soft tissue)
○ Cervical with whiplash
○ Other _____

SPINE
○ Upper cervical
○ Cervical
○ Thoracic
○ Lumbar

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

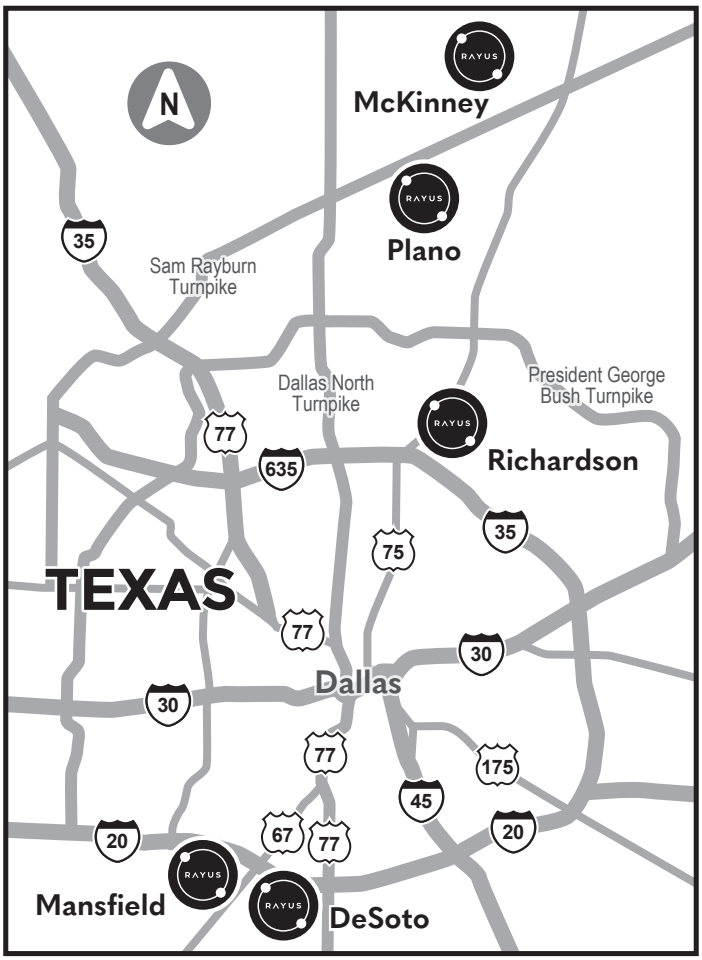
See the back of this form for a complete list of our locations and services.

Patient considerations (check all that apply) ○ Claustrophobic ○ Sedation (administered by RAYUS Radiology - Desoto location only) *All patients receiving sedation require a driver.*
Lab results Creatinine _____ BUN _____ Blood draw date* _____ ○ On-site creatinine testing needed*
**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*

REPORTING METHOD ○ STAT call # _____ ○ STAT fax # _____ ○ STAT/ASAP
○ CD to provider's office ○ Patient to hand carry CD/report

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

RAYUS RADIOLOGY®



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)	●	●			●	
McKinney	P: 972.920.0120 F: 214.592.0035	7300 Eldorado Pkwy., Suite 170 McKinney, TX 75070	● (Oval)	●	●	●	●	●	3D mammography, Breast caner 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, Bone density
Richardson	P: 972.920.0120 F: 972.238.1222	4140 E. Renner Rd., Suite 100 Richardson, TX 75082	● (Open)	●	●			●	