SCHEDULING
○ Patient will call to schedule
○ Call patient to schedule

○ **DESOTO**
○ **MANSFIELD**
P: 214.420.5400

○ **MCKINNEY**
○ **PLANO**
○ **RICHARDSON**
P: 972.920.0120

E: TXimagingorders@RAYUSradiology.com
See back for fax numbers and addresses

RAYUS RADIOLOGY®

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

● R ● L ● BIL

MRI

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

○ Other _____

NEURO
○ Brain and/or ○ Orbits
○ Volumetric brain imaging
○ IACs
○ Pituitary
○ TMJ(s)
○ Neck (soft tissue)

SPINE
○ Upper cervical
○ Cervical
○ Thoracic
○ Lumbar

BODY
○ Chest
○ Abdomen
○ Liver
○ Liver elastography
○ Enterography (abd/pel)
○ MRCP
○ Pelvis
○ Hip(s)
○ Breast bilateral
○ Prostate

UPPER EXTREMITY
○ Shoulder
○ Elbow
○ Wrist
○ Hand

LOWER EXTREMITY
○ Femur
○ Knee
○ Tibia/Fibula
○ Ankle
○ Foot

MRA
○ Head
○ Carotid
○ Aorta w/runoff
○ Renal

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

CT

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

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

○ Heart calcium scoring
○ Other _____

NEURO
○ Head
○ IAC/Temporal bones
○ Facial bones
○ Pituitary
○ TMJ
○ Neck (soft tissue)
○ Sinus
○ Complete ○ Limited

SPINE
○ Cervical
○ Thoracic
○ Lumbar

BODY
○ Chest
○ Lung screening
○ Abdomen
○ Abdomen/Pelvis
○ Enterography (abd/pel)
○ Pelvis
○ Hip(s)

UPPER EXTREMITY
○ Shoulder
○ Elbow
○ Wrist
○ Hand

LOWER EXTREMITY
○ Knee
○ Ankle
○ Foot

CTA
○ Brain
○ Aorta
○ Chest
○ Abdomen
○ Pelvis
○ Lung (PE)
○ Carotid
○ Mesenteric
○ Renal

MAMMOGRAPHY 3D

○ Screening or ○ Diagnostic
○ Screening mammogram, and if indicated, an additional diagnostic mammogram and/or breast ultrasound

X-RAY

Views _____

○ Skeletal survey
○ Spine
○ Cervical
○ Thoracic
○ Lumbar
○ Scoliosis series
○ Chest
○ Rib series
○ Pelvis
○ Hip(s)
○ Abdomen/KUB
○ Shoulder
○ Humerus
○ Elbow
○ Forearm
○ Wrist
○ Hand
○ Knee
○ Ankle
○ Foot
○ Other _____

ULTRASOUND

○ Doppler if clinically indicated by radiologist OR ○ No Doppler

○ Transvaginal if clinically indicated by radiologist OR ○ No transvaginal

○ Abdomen complete (diaphragm to iliac crest)
○ Aorta
○ Breast
○ Carotid artery
○ Gallbladder
○ Liver
○ Liver Doppler
○ Liver w/elastography
○ Obstetric
○ 1st trimester
○ 2nd trimester
○ 3rd trimester
○ Pelvis (Iliac crest to pubic symphysis)
○ Renal and ○ Bladder
○ Scrotum ○ Doppler
○ Soft tissue
○ Transvaginal
○ Thyroid/Parathyroid
○ Arterial Doppler
○ Upper extremity
○ Lower extremity
○ Venous Doppler
○ Upper extremity
○ Other _____

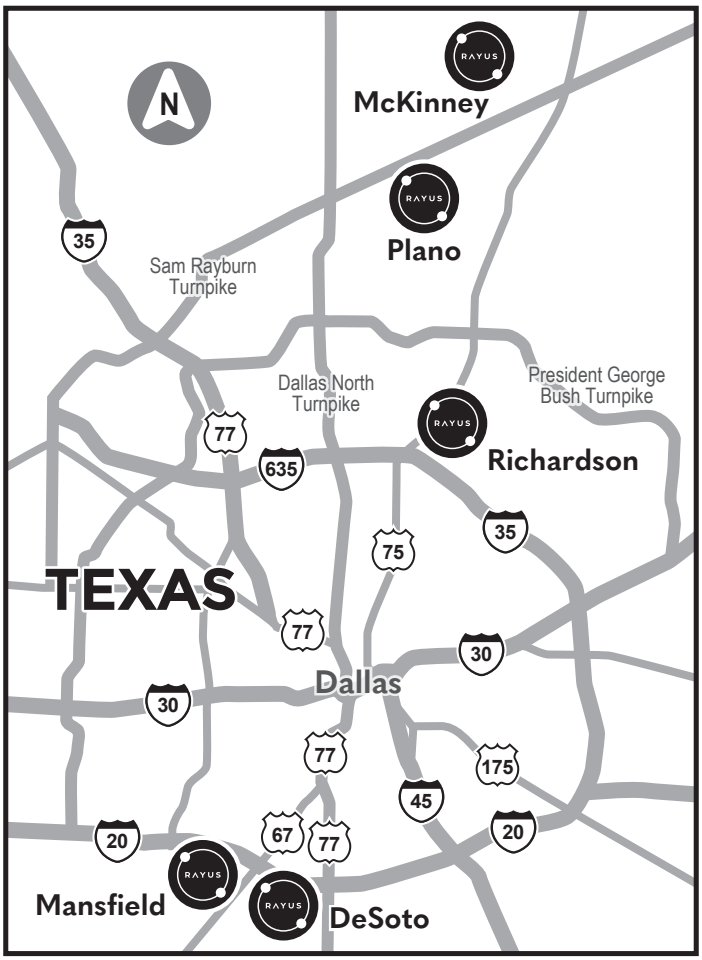
Patient considerations (check all that apply) ○ Claustrophobic ○ Sedation (administered by RAYUS Radiology - Desoto location only) *All patients receiving sedation require a driver.*
Lab results Creatinine _____ BUN _____ Blood draw date _____ ○ On-site creatinine testing needed

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

For easy and convenient access to your patients report, ask us about access to our Medical Professional Portal.

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	● (Wide-bore)	●	●	●	●	●	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) (Wide-bore)	●	●	●	●	●	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, Bone density,
Richardson	P: 972.920.0120 F: 972.238.1222	4140 E. Renner Rd., Suite 100 Richardson, TX 75082	● (Open)	●	●			●	