CHIROPRACTIC ORDER FORM

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

O Patient will call to schedule
O Call patient to schedule

INSURANCE SPECIALIST LINE
P: 952.541.1111

RADIOLOGIST CONSULTATION HOTLINE
P: 888.541.SCAN (7226)

O Blaine
O Burnsville
O Coon Rapids
O Eagan
O Eden Prairie
O Edina
O Highland Park
O Lakeville
O Maple Grove
O Maplewood
O North St. Paul
O Otsego
O Plymouth
O Roseville
O Shakopee
O St. Louis Park
O West St. Paul
O Woodbury

See back for addresses

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 #	Group #	
O Auto O Workers' comp O 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? O No O Yes **If yes** O Initial O Subsequent or O Sequela

(REQUIRED) Area of body O Cervical O Thoracic O Lumbar O R O L O BIL

MRI

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

O MRI
- O High-field MRI
- O 3T MRI
- O Open MRI
- O Angiogram
- O Arthrogram (joint injection)
- O Brain volumetric imaging
- O Whiplash protocol

O OPEN UPRIGHT MRI
- O Flexion
- O Extension
- O Standing
- O Hybrid
- O Other _____

MRI spine interpretations will be performed by a subspecialized spine radiologist and a chiropractic radiologist (DACBR). If you prefer, you may request:
O MD read only
O Chiropractic read (includes MD read)

ULTRASOUND

O Doppler if clinically indicated by radiologist OR O No Doppler

CT

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

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

X-RAY

Views
O Standard _____
O Additional _____

Read preference
O Subspecialized chiropractic radiologist
O Subspecialized spine radiologist
O Other RAYUS preferred radiologist or RCS @ NWHSU
_____

DIAGNOSTIC AND THERAPEUTIC INJECTIONS

O Diagnostic and therapeutic injection consultation and treatment. Treatment may include:
- Epidural steroid injection
- SI joint injection
- Facet nerve/Rhizotomy work-up
- Rhizotomy

O Other _____

INTERVENTIONAL CONSULTATIONS AND PROCEDURES

O RAYUS Pain Care consultation
O BMAC/PRP consultation
O Vascular consultation to evaluate for:
- O PAD/CLI
- O Non-healing wound
- O Varicose veins
- O Pelvic congestion
- O Uterine fibroid embolization

O Other _____

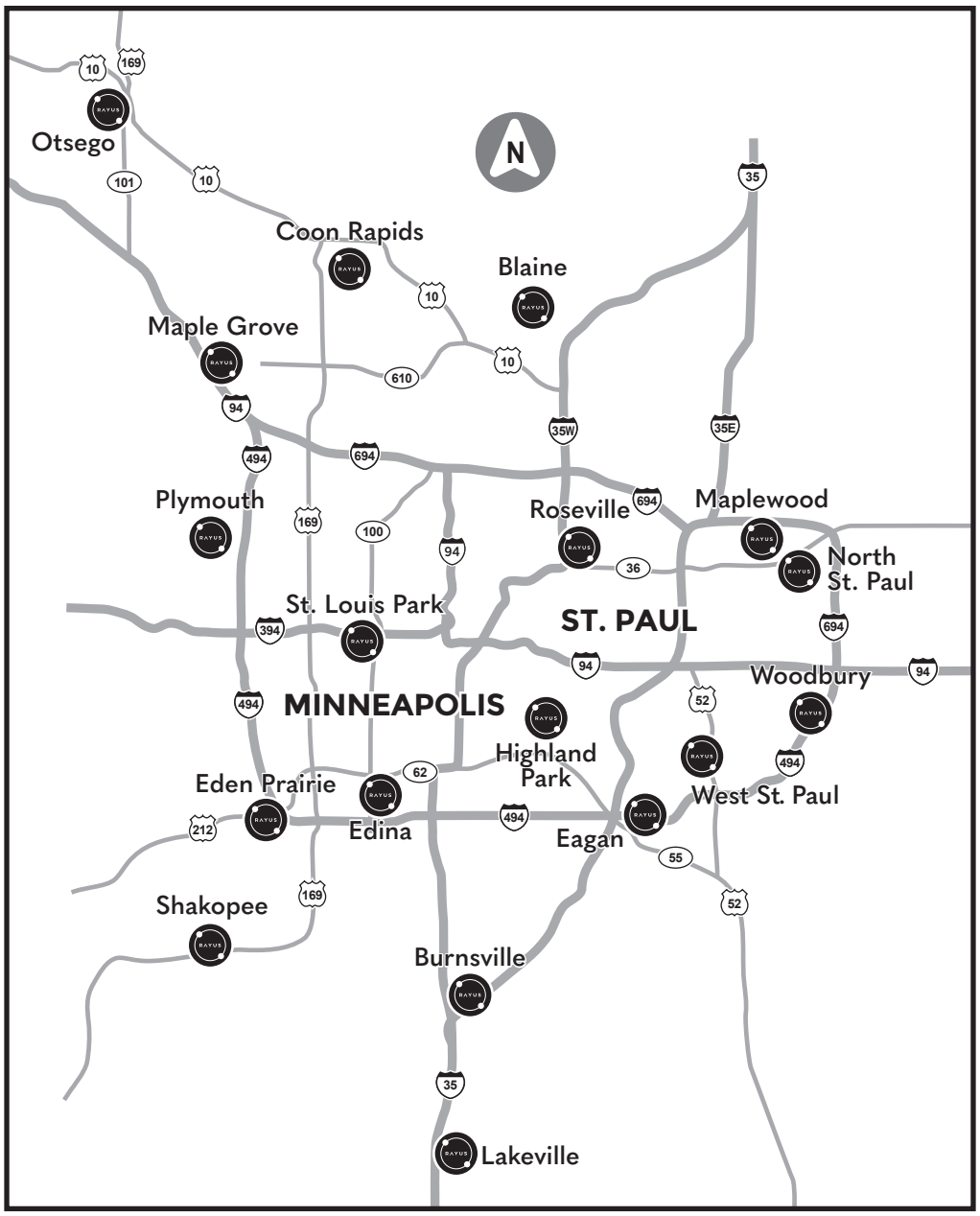
Previous treatments/imaging/exams O No O Yes What type _____
Patient considerations (check all that apply) O Requires transportation O Allergies to contrast agents O Diabetes O Weight consideration O Claustrophobic
O Interpreter needed (language) _____ O Renal failure/dialysis O Sedation (administered by RAYUS Radiology) *All patients receiving sedation require a driver.*
O Other _____
Lab results Creatinine _____ BUN _____ Blood draw date _____ O On-site creatinine testing needed

REPORTING METHOD
O Routine
O Hold and call _____
O Read and call _____
O Patient to hand carry films/CD/report
O STAT/ASAP
O Next-day follow-up

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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RAYUS RADIOLOGY®



BLAINE
2305 108th Ln. NE
Blaine, MN 55449

BURNSVILLE
675 E. Nicollet Blvd., Suite 150
Burnsville, MN 55337

COON RAPIDS
3833 Coon Rapids Blvd. NW, Suite 120
Coon Rapids, MN 55433

EAGAN
2700 Vikings Cir., Suite 110
Eagan, MN 55121

EDEN PRAIRIE
775 Prairie Center Dr., Suite 260
Eden Prairie, MN 55344

EDINA
7123 France Ave S.
Edina, MN 55435

HIGHLAND PARK
2270 Ford Pkwy., Suite 202
St. Paul, MN 55116

LAKEVILLE
10438 185th St. W., Suite 100
Lakeville, MN 55044

MAPLE GROVE
9630 Grove Cir. N., Suite 100
Maple Grove, MN 55369

MAPLEWOOD
1790 Beam Ave.
Maplewood, MN 55109

NORTH ST. PAUL
2601 Centennial Dr., Suite 108
North St. Paul, MN 55109

OTSEGO
9040 Quaday Ave. NE, Suite 100
Otsego, MN 55330

PLYMOUTH
15700 37th Ave. N., Suite 100
Plymouth, MN 55446

ROSEVILLE
1835 W. County Rd. C, Suite 180
Roseville, MN 55113

SHAKOPEE
2995 Winners Circle, Suite 105
Shakopee, MN 55379

ST. LOUIS PARK
5775 Wayzata Blvd., Suite 190
St. Louis Park, MN 55416

WEST ST. PAUL
232 Wentworth Ave. E.
West St. Paul, MN 55118

WOODBURY
6025 Lake Rd., Suite 130
Woodbury, MN 55125

RAYUSradiology.com/twincitiesminnesota