RAYUS PAIN CARE ORDER FORM

SCHEDULING
P: 952.738.4580
F: 952.543.6524
E: TCorders@RAYUSradiology.com

O Patient will call to schedule
O Call patient to schedule

O Blaine
O Burnsville
O Edina
O Plymouth
O St. Louis Park
O Shakopee
O Woodbury

See back for addresses

RAYUS PAIN CARE®

PATIENT INFORMATION

Patient name (as shown on insurance card)	Patient DOB	Sex assigned at birth O M O F
	Primary phone #	Secondary phone #

O *Please release my records from the referring provider listed below to RAYUS Pain Care.* **Patient signature (required)** Date

INSURANCE INFORMATION

Insurance name	Insurance ID #	Group #	Member #
Claim #	Adjuster		Phone #
O Auto O Workers' comp O Commercial/Private / Date of injury	Attorney		Phone #

(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.

Area of concern _____

Is the exam/procedure related to an injury? O No O Yes **If yes** O Initial O Subsequent or O Sequela

COMPREHENSIVE PAIN CARE EVALUATION FOR:

- O **Pain care consult and treat as appropriate**
- O **Injection**
- O **Imaging**
- O **Regenerative medicine (PRP/BMAC) consult and treat as appropriate**
- O **Other** _____

RECOMMENDATIONS MAY INCLUDE:

- Physical therapy
- Behavioral health evaluation
- Medication management in partnership with primary care provider
- Surgical consults
- Spinal cord stimulator trials and permanent placements

- Injections:
  - Epidural steroid
  - Facet joint steroid
  - Facet nerve block
  - Selective nerve root block

- Imaging:
  - MRI
  - CT
  - X-ray

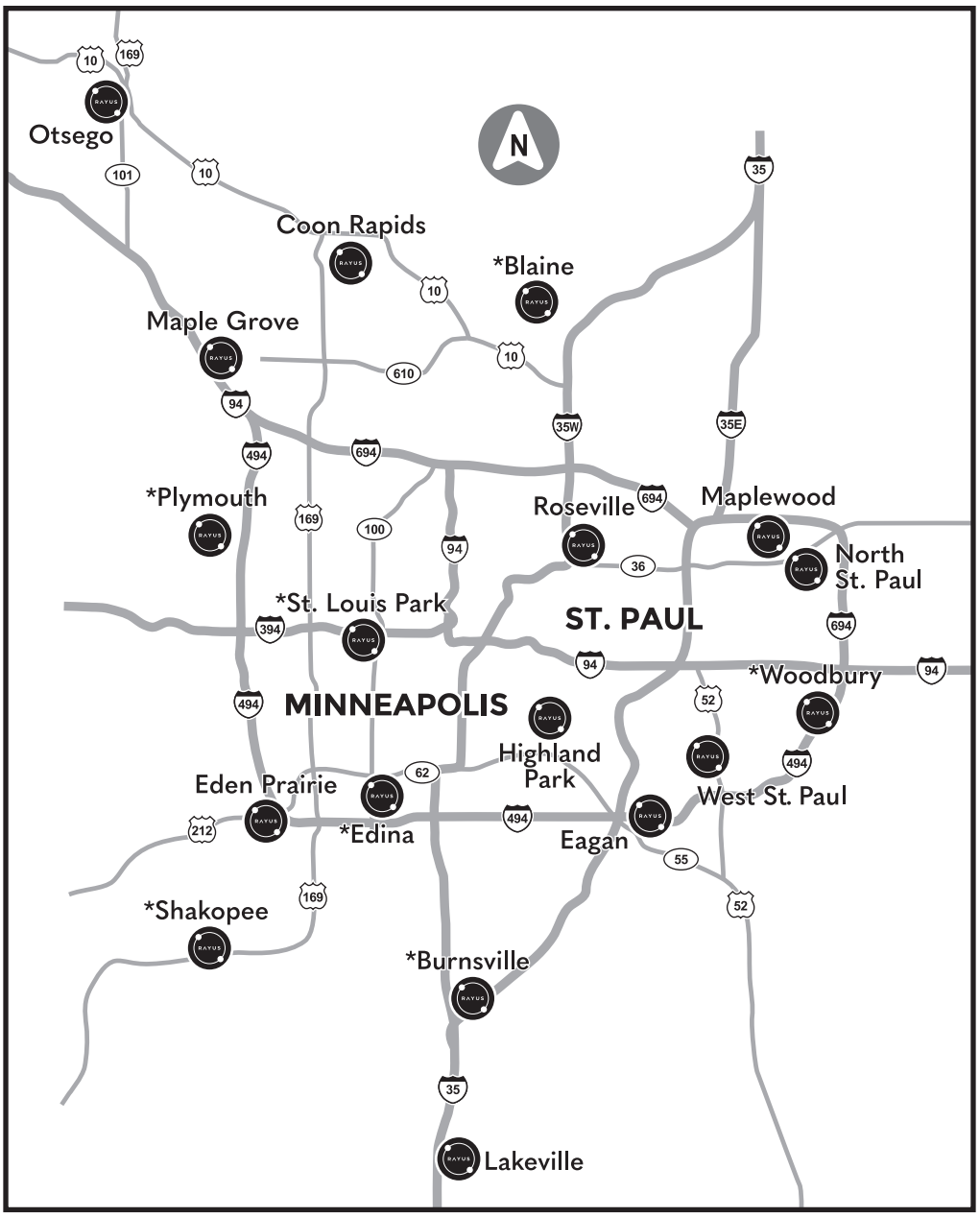
Regular updates on patient's progress will be provided to you by our RAYUS Pain Care team.

REFERRING PROVIDER INFORMATION

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

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

RAYUS PAIN CARE®



**** designates a RAYUS Pain Care location.***

***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/pain-care