CHIROPRACTIC ORDER FORM

SCHEDULING
See specific market
P: 855.643.7226
E: PSScheduling@RAYUSradiology.com

INSURANCE SPECIALIST LINE
P: 425.250.1160

MEDICAL RECORDS FAX LINE
P: 425.251.4307

O Patient will call to schedule
O Call patient to schedule

RAYUS RADIOLOGY®

O Bellevue	P: 425.637.9729	F: 425.462.8309	O Kirkland	P: 425.821.3472	F: 425.820.4115
O Bellevue Breast Center	P: 425.974.1044	F: 425.974.1033	O Lakewood	P: 253.682.1666	F: 253.682.1667
O Everett	P: 425.740.5000	F: 425.740.5010	O Port Orchard	P: 360.598.3141	F: 360.598.3431
O Federal Way	P: 253.942.7226	F: 253.942.3517	O Poulsbo	P: 360.598.3141	F: 360.598.3431
O Federal Way Breast Center	P: 253.735.1991	F: 253.941.6941	O Puyallup	P: 253.286.2092	F: 253.848.2161
O Issaquah	P: 206.524.5599	F: 206.524.5338	O Renton	P: 425.228.4000	F: 425.228.2789
O Issaquah Breast Center	P: 206.524.5599	F: 206.524.5338	O Seattle	P: 206.524.5599	F: 206.524.5338

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 Auto O Workers' comp O Commercial/Private O No insurance	Date of injury	Claim #	
Attorney name	Contact #		

(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

MRI

Area of body _____
O L O R O BIL
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 (MRA)
- O Arthrogram (joint injection)

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

MRI spine interpretations will be performed by a subspecialized spine radiologist and **Stephen Fridinger, DC, DACBR**, or **Timothy Mick, DC, DACBR**. If you prefer, you may request:
O MD read only
O Chiropractic read (includes MD read)

ULTRASOUND

Area of body _____
O L O R O BIL
O **Doppler if clinically indicated by radiologist** OR O **No Doppler**

CT

Area of body _____
O L O R O BIL
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**

- O Arthrogram (joint injection)
- O Spine
  - O Cervical
  - O Thoracic
  - O Lumbar
- O Extremity _____
- O Other _____

X-RAY

O L O R O BIL

Views _____

- O Spine
  - O Cervical
  - O Thoracic
  - O Lumbar
- O Shoulder
- O Elbow
- O Hip(s)
- O Pelvis
- O Knee
- O Leg length
- O Scoliosis
- O Other _____

DIAGNOSTIC AND THERAPEUTIC INJECTIONS

Federal Way, Lakewood, Puyallup only

O **Consultation and treat.** Treatment may include:
- Epidural steroid injection
- SI joint injection
- Facet nerve/rhizotomy work-up
- Rhizotomy
- Other _____

REGENERATIVE MEDICINE

- O Bone marrow concentrate (BMC)
- O Platelet rich plasma (PRP) injection
- O Other _____

WOMEN'S IMAGING SERVICES

Federal Way, Lakewood, Puyallup only

BONE DENSITY

O Screening or O Diagnostic
- 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 Other _____

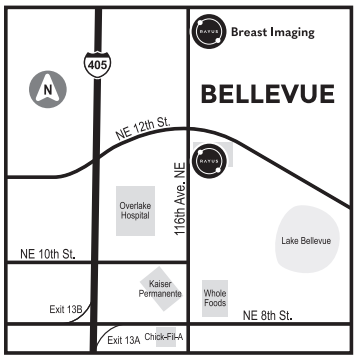
Patient considerations (check all that apply) O Claustrophobic O Interpreter needed (language) _____ O Sedation (administered by RAYUS Radiology)
All patients receiving sedation require a driver.

Lab results Creatinine _____ BUN _____ Blood draw date _____ O 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 kidney or liver disease or 5) has hypertension*

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

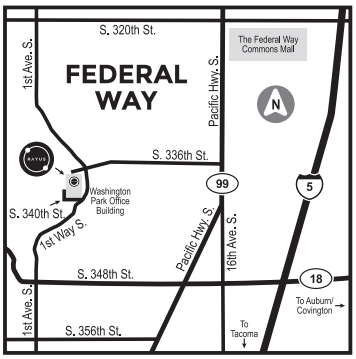
Provider name (print)	Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.	**NPI # (required for new providers)**	Date

Visit RAYUSradiology.com for detailed driving directions to our centers. Call us at 855.643.7226.



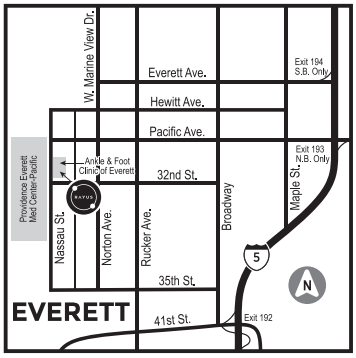
BELLEVUE
1310 116th Ave. NE, Suite E
Bellevue, WA 98004

BELLEVUE BREAST CENTER
1810 116th Ave. NE, Suite 101
Bellevue, WA 98004

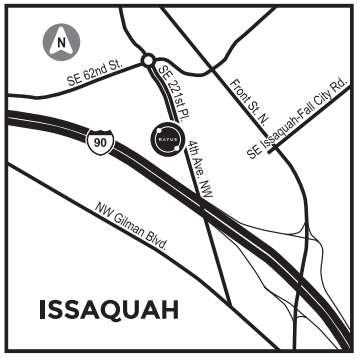


FEDERAL WAY
33801 First Way S., Suite 101
Federal Way, WA 98003

FEDERAL WAY BREAST CENTER
33801 First Way S., Suite 100
Federal Way, WA 98003

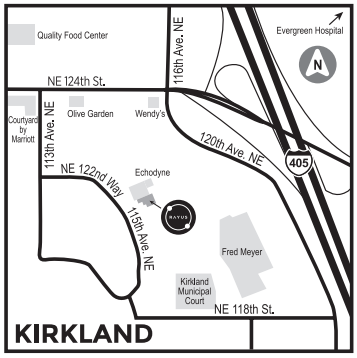


EVERETT
3131 Nassau St., Suite 102
Everett, WA 98201



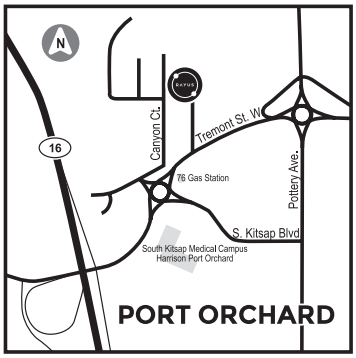
ISSAQUAH
1301 4th Ave. NW, Suite 202
Issaquah, WA 98027

ISSAQUAH BREAST CENTER
1301 4th Ave. NW, Suite 203
Issaquah, WA 98027

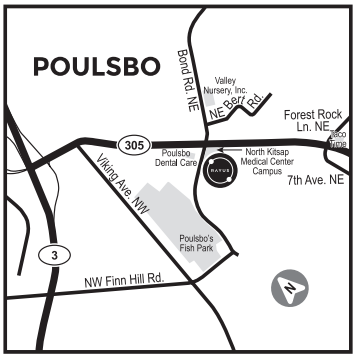


KIRKLAND
12112 115th Ave. NE, Suite B
Kirkland, WA 98034

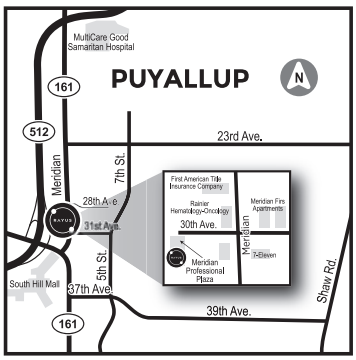
LAKEWOOD
7308 Bridgeport Way W., Suite 101
Lakewood, WA 98499



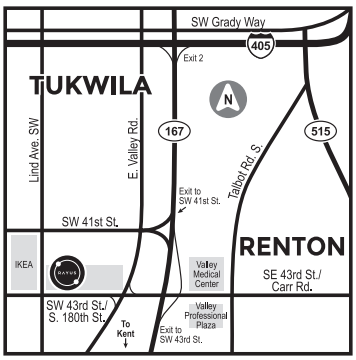
PORT ORCHARD
463 Tremont St. W., Suite 130
Port Orchard, WA 98366



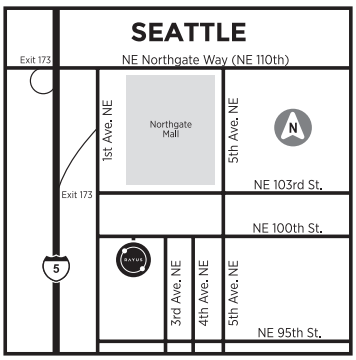
POULSBO
North Kitsap Medical Center
20700 Bond Rd. NE, Bldg. B
Poulsbo, WA 98370



PUYALLUP
2930 S. Meridian, Suite 160
Puyallup, WA 98373



RENTON
220 SW 43rd St.
Renton, WA 98057



SEATTLE
115 N.E. 100th St., Suite 101
Seattle, WA 98125

Physician services provided by Medical Scanning Consultants, PA and Radiology Consultants of Washington, Inc., PS.

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