SCHEDULING
P: 561.496.6935
F: 561.496.6936
See back for addresses

O Patient will call to schedule
O Call patient to schedule
O Obtain authorization

TAX ID
65-0378614
NPI
1730125261

If faxing an order, please include:
- Demographics
- Insurance card
- Clinical notes

RAYUS RADIOLOGY®

Appointment date and time	Patient DOB	Sex assigned at birth O M O F	Insurance name	O Private O Government O L&I Workers' comp O No insurance
Patient name (as shown on insurance card)			Insurance ID #	
Primary phone #	Secondary phone #		Authorization #	

Patient considerations (check all that apply) O Creatinine _____ O Interpreter needed (language) _____ O Other _____

Reporting method O STAT (see reverse side for STAT criteria and policy) **Is the exam/procedure related to an injury?** O No O Yes **If yes** O Initial O Subsequent or O Sequela

Provider name (print)	Provider address	Phone #	Fax #

(REQUIRED) Provider signature	NPI # (REQUIRED for new providers)	Date (REQUIRED)
Do not use rubber stamp.		

(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.

Clinical notes/special protocol

CT Circle CPT code for IV contrast option

	w/o IV	w/IV	w/ & w/o IV
O Dual energy: *At select locations*			
O Head	70450	70460	70470
O Sinuses: Complete O Sinus Medtronics	70486	n/a	n/a
O Orbits: ___ w/3D (+76376) O IAC O Temporal bones O Mastoids	70480	70481	70482
O Max/Facial bones: ___ w/3D (+76376) O Jaw/TMJ ___ w/3D (+76376)	70486	70487	n/a
O Soft tissue neck	70490	70491	70492
O Spine cervical: ___ w/3D (+76376)	72125	72126	n/a
O Spine thoracic: ___ w/3D (+76376)	72128	72129	n/a
O Spine lumbar: ___ w/3D (+76376)	72131	72132	n/a
O Chest	71250	71260	71270
O Abdomen only	74150	74160	74170
O Pelvis only: ___ w/3D (+76376)	72192	72193	72194
O Abdomen & pelvis: ___ Oral contrast ___ No oral contrast	74176	74177	74178
O Enterography abdomen/pelvis	n/a	74177	n/a
O CT IVP (abd/pelvis) _____ w/pre & post KUB (74018) _____ w/IVP (74400)	n/a	n/a	74178
O CT IVP (CT only)	n/a	n/a	74178
O Stone protocol abdomen/pelvis (no oral, no IV contrast)	74176	n/a	n/a
O Upper extremity-specify: R / L _____ ___w/3D (+76376)	73200	73201	n/a
O Lower extremity-specify: R / L _____ ___ w/3D (+76376)	73700	73701	n/a
O Lung screening	71271	n/a	n/a
O Other:			

CTA Circle CPT code for IV contrast option

	w/o IV	w/IV	w/ & w/o IV
O Head/Brain	n/a	n/a	70496
O Neck/Carotid	n/a	n/a	70498
O Chest: ___ PE protocol ___ Aorta	n/a	n/a	71275
O Abdomen	n/a	n/a	74175
O Abdomen & pelvis	n/a	n/a	74174
O Cardiac calcium score only	75571	n/a	n/a
O CCTA/CTA heart w/3D	n/a	n/a	75574
O Triple rule out (coronary CTA & chest CTA)	n/a	n/a	75574 71275
O Runoff (abdominal aorta & bilateral lower extremity)	n/a	75635	n/a

MRI Circle CPT code for IV contrast option

	w/o IV	w/IV	w/ & w/o IV
O 3T O 1.5T O 0.55T			
O Metal Artifact Reduction Sequences: *At select locations*			
O Brain O w/Neuroquant® O Pre-infusion O Post infusion wk ___ O IAC O Pituitary	70551	n/a	70553
O Orbit O Face O Sinus O Neck	70540	n/a	70543
O TMJ bilateral	70336	n/a	n/a
O Spine: Cervical	72141	n/a	72156
O Spine: Thoracic	72146	n/a	72157
O Spine: Lumbar	72148	n/a	72158
O Chest	71550	n/a	71552
O Breast w/& w/o contrast O Breast bilateral w/o (implant rupture only)	77047	n/a	77049
O Abdomen: O Kidney O Adrenal O MRCP	74181	n/a	74183
O Enterography abdomen/pelvis	n/a	n/a	74183 72197
O Brach plex: R / L O Humerus: R / L O Forearm: R / L O Hand: R / L	73218	n/a	73220
O Shoulder: R / L O Elbow: R / L O Wrist: R / L	73221	n/a	73223
O Pelvis	72195	n/a	72197
O Pelvis/Prostate w/ & w/o: ___ w/3D (+76376) ___ w/profuse (+76377)	n/a	n/a	72197
O Hip: R / L O Knee: R / L O Ankle/Mid/Hindfoot: R / L	73721	n/a	73723
O Femur: R / L O Tib/Fib: R / L O Mid/Forefoot: R / L O Forefoot/Toes: R / L	73718	n/a	73720

MRA Circle CPT code for IV contrast option

	w/o IV	w/IV	w/ & w/o IV
O Head: O Arterial O Venous	70544	n/a	70546
O Neck	70547	n/a	70549
O Chest: O Aorta	71555	n/a	71555
O Abdomen: O Aorta O Renal O Mesenteric O Venous	74185	n/a	74185
O Runoff (abdomen aorta & bilateral lower extremity)	74185 73725 x2	n/a	74185 73725 x2
O Other:			

PET/CT Circle CPT code for IV contrast option

	w/o IV	w/IV	w/ & w/o IV
O Amyloid brain localization w/o IV O Amyvid	78814 A9586	n/a	n/a
O Amyloid brain localization w/o IV O Neuraceq	78814 Q9983	n/a	n/a
O Brain metabolic PET w/CT localization w/o IV (**Required**: use Brain PET/CT form)	78608	n/a	n/a
O General oncology (eyes to thighs) localization w/o IV	78815	n/a	n/a
O General oncology (vertex to toes) localization w/o IV	78816	n/a	n/a
O Cerianna Breast PET	78815 A9591	n/a	n/a
Prostate (Required: use separate Prostate PET/CT form)			
O Posluma PSMA	78815 A9588	n/a	n/a
O Pylarify PSMA	78815 A9595	n/a	n/a
O Illucix PSMA	78815 A9596	n/a	n/a
O Locametz PSMA	78815 A9596	n/a	n/a
O First available PSMA agent	78815	n/a	n/a
O Other:			

NUCLEAR

	CPT Code		CPT Code
O Nuclear stress test w/treadmill	78452 93015	O Hepato/DISIDA/HIDA: O w/CCK	78227
O Nuclear stress test w/Lexi (no treadmill)	78452	O Hepato/DISIDA/HIDA: O w/o CCK	78226
O Treadmill only non nuclear stress test	93015	O Gastric emptying - *solid only, 2 hrs only*	78264
O MUGA	78472	O Liver spleen	78803
O EKG	93000	O Liver hemangioma	78880
O 3-phase bone	78315	O Triple renal scan w/Lasix	78708
O Whole body bone scan	78306	O Triple renal scan w/o Lasix	78707
O Thyroid uptake & scan	78014	O DaTscan brain	78803 A9584
O Parathyroid	78070		
O WB I-131 thyroid carcinoma scan	78018	O Other:	

BONE DENSITY

	CPT Code
O Bone densitometry/DEXA	77080

3D TOMO DIGITAL MAMMOGRAPHY

	CPT Code
O Screening mammo: ___ Bilateral ___ Right ___ Left O Implants	77067
O Diagnostic mammo: ___ Right ___ Left ___ Bilateral (G0279) O Implants	77065
O Other:	

ULTRASOUND ● Doppler if clinically indicated by radiologist OR ● No Doppler

- O Carotid O Thyroid O Soft tissue _____ (Body part) O Scrotum w/Doppler
- O Retroperitoneal CMP: ___ Renal/aorta ___ Renal/bladder
- O Retroperitoneal LTD: ___ Renal ___ Aorta
- O Abdomen: ___ Complete ___ Limited Quadrant(s): ___ RUP ___ LUP ___ RLQ ___ LLQ
- O AAA screen
- O Breast: O Complete O Limited ___ Bilateral ___ Right ___ Left
- O Pelvic/Transabdominal O Pelvic/Transvaginal
- O OB complete: ___ <=14 wks ___ >14 wks
- O Venous: ___ Bilateral ___ Right ___ Left ___ Upper ___ Lower
- O Arterial: ___ Bilateral ___ Right ___ Left ___ Upper ___ Lower ___ w/ABI
- O Cardiac: O Echocardiogram O EKG
- O Other:

X-RAY

- O CXR: ___ Single view ___ 2 views ___ Decubs O Abdomen/KUB O Abdomen 2 views
- O Spine: ___ Cervical ___ Thoracic ___ Lumbar O Scoliosis O Scoliosis w/stitching
- O Skull O Sinus O Ribs: R / L O Pelvis
- O Shoulder: R / L O Elbow: R / L O Wrist: R / L O Hand: R / L
- O Hip: R / L O Femur: R / L O Knee: R / L O Tib/Fib: R / L
- O Ankle: R / L O Foot: R / L O Bone age study O Bone survey
- O Other:

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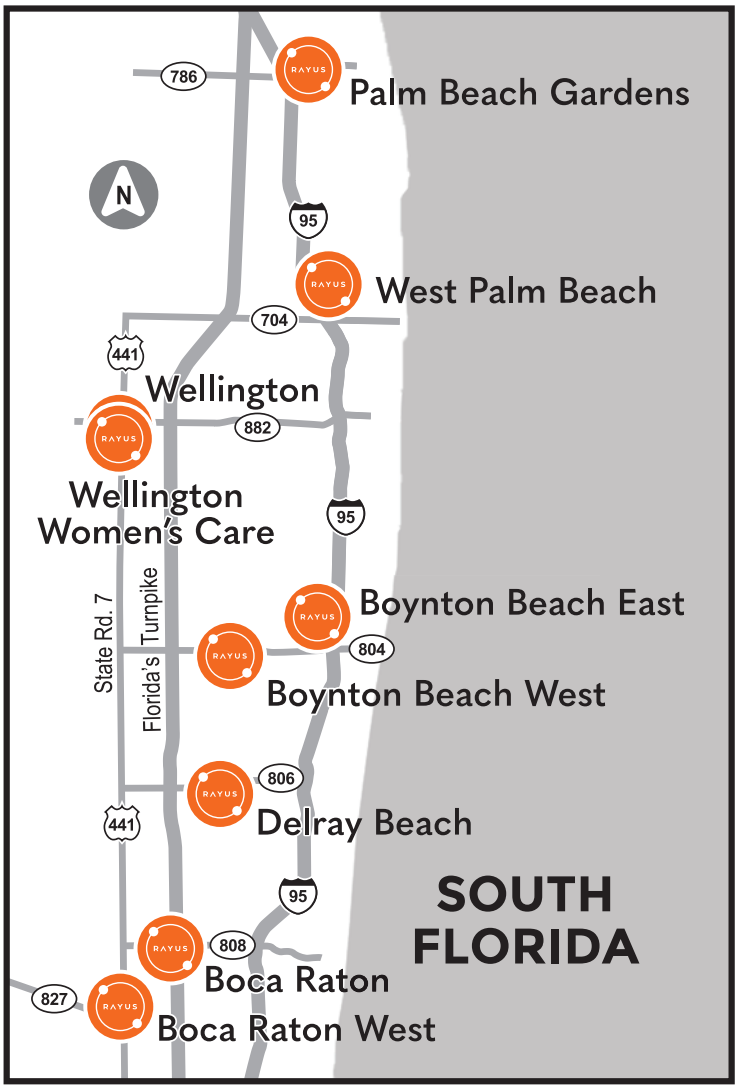
P: 561.496.6935
F: 561.496.6936

RAYUS RADIOLOGY®

LOCATIONS



BOCA RATON
8142 Glades Rd.
Boca Raton, FL 33434

BOCA RATON WEST
23071 State Rd. 7
Boca Raton, FL 33428

BOYNTON BEACH EAST
1425 Gateway Blvd., #100
Boynton Beach, FL 33426

BOYNTON BEACH WEST
6080 Boynton Beach Blvd., #140
Boynton Beach, FL 33437

DELRAY BEACH
15340 Jog Rd., #160
Delray Beach, FL 33446

PALM BEACH GARDENS
3601 PGA Blvd., #100
Palm Beach Gardens, FL 33410

WELLINGTON
2565 S. State Rd. 7
Wellington, FL 33414

WELLINGTON WOMEN'S CARE
2863 State Road 7, #400
Wellington, FL 33414

WEST PALM BEACH
1572 Palm Beach Lakes Blvd., #2
West Palm Beach, FL 33401

Scan here for locations and directions