

**SCHEDULING**

- Patient will call to schedule
- Call patient to schedule

**ODESOTO**  
 **MANSFIELD**  
P: 214.420.5400

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

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



Appointment date and time	Check-in time	Patient DOB	Sex assigned at birth <input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #	
Insurance name	Insurance ID #	Group #	
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> 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****CT****X-RAY**

IV contrast as clinically indicated by radiologist  
OR  No contrast

Arthrogram \_\_\_\_\_  
 Other \_\_\_\_\_

**NEURO**

Brain and/or  Orbita  
 Volumetric brain imaging (NeuroQuant®)  
 IACs  
 Pituitary  
 TMJ(s)  
 Neck (soft tissue)

**UPPER EXTREMITY**

Shoulder  
 Elbow  
 Wrist  
 Hand

**LOWER EXTREMITY**

Femur  
 Knee  
 Tibia/Fibula  
 Ankle  
 Foot

Cervical  
 Thoracic  
 Lumbar

**BODY**

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

**MRA**

Head  
 Carotid  
 Aorta w/runoff  
 Renal

IV contrast as clinically indicated by radiologist  
OR  No contrast

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

Arthrogram \_\_\_\_\_

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)

**CT****CT****UPPER EXTREMITY**

Shoulder  
 Elbow  
 Wrist  
 Hand

**LOWER EXTREMITY**

Knee  
 Ankle  
 Foot

**CTA**

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

**Views**

<input type="radio"/> Skeletal survey	<input type="radio"/> Abdomen/KUB
<input type="radio"/> Spine	<input type="radio"/> Shoulder
<input type="radio"/> Cervical	<input type="radio"/> Humerus
<input type="radio"/> Thoracic	<input type="radio"/> Elbow
<input type="radio"/> Lumbar	<input type="radio"/> Forearm
<input type="radio"/> Scoliosis series	<input type="radio"/> Wrist
<input type="radio"/> Chest	<input type="radio"/> Hand
<input type="radio"/> Rib series	<input type="radio"/> Knee
<input type="radio"/> Pelvis	<input type="radio"/> Ankle
<input type="radio"/> Hip(s)	<input type="radio"/> Foot
<input type="radio"/> Other _____	

**X-RAY****ULTRASOUND**

Doppler if clinically indicated by radiologist  
OR  No Doppler

Transvaginal if clinically indicated by radiologist  
OR  No transvaginal

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

**BONE DENSITY****MAMMOGRAPHY 3D**

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

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

**Patient considerations (check all that apply)**  Claustrophobic  Sedation (administered by RAYUS Radiology) *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

Phone #

**City/Zip**

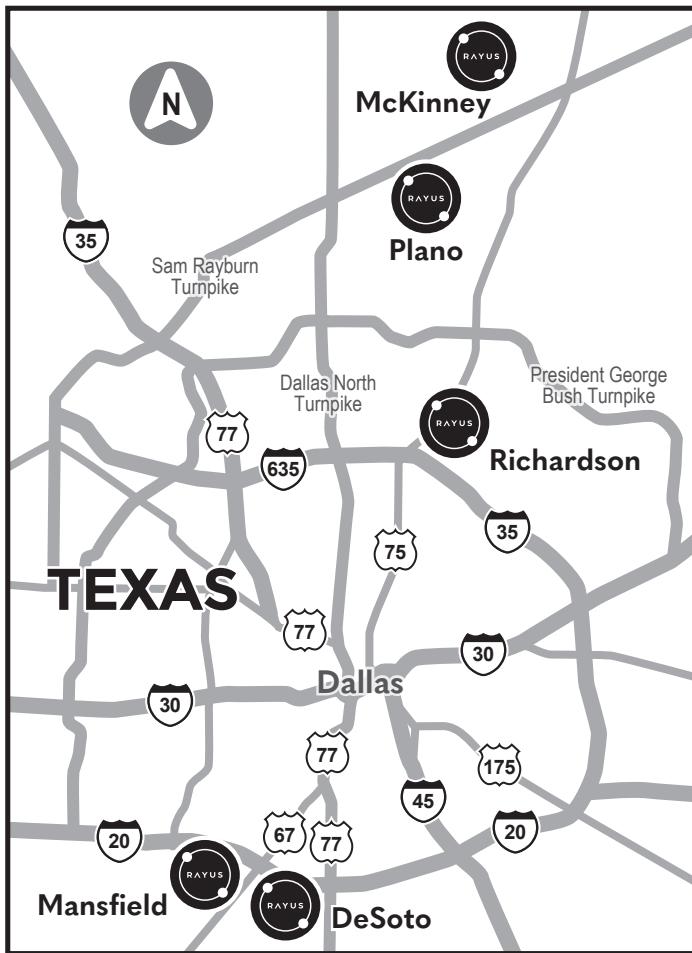
**Provider signature (required)**

**NPI # (required for new providers)**

Date

**Do not use rubber stamp.**

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



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)	●	●			●	Arthrogram
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, Arthrogram
Richardson	P: 972.920.0120 F: 972.238.1222	4140 E. Renner Rd., Suite 100 Richardson, TX 75082	(Open)	●	●			●	Arthrogram