PRIOR AUTHORIZATION
P: 413.781.9000
F: 413.781.7988
E: BostonOrders@RAYUSradiology.com

O Patient will call to schedule
O Call patient to schedule

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

O **CHELMSFORD**	P: 978.250.1866	F: 978.256.9536
O **DEDHAM**	P: 781.329.0600	F: 781.329.1713
O **HAVERHILL**	P: 978.469.0400	F: 978.469.0408
O **PEABODY**	P: 978.818.6272	F: 978.818.6282
O **SPRINGFIELD**	P: 413.781.9000	F: 413.781.7988
O **WOBURN**	P: 781.932.8650	F: 781.932.8619

See back for addresses

RAYUS RADIOLOGY™

Appointment date and time	Check-in time	Patient DOB	O M O F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #	
Patient address			

O Auto O Workers' comp O Commercial/Private	Date of injury	Insurance name	Insurance ID #	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? O No O Yes **If yes** O Initial O Subsequent or O Sequela

Clinical Decision Support (CDS)
Required for Medicare Part B

Modifier (determination)	G-code (vendor)

MRI

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

NEURO
O Brain and/or O Orbits
- O Routine
- O MS
- O IAC
- O Pituitary
- O Seizure
- O Trigeminal

O Volumetric brain imaging (NeuroQuant®) *(Chelmsford, Dedham, Springfield & Woburn only)*
What are you looking to measure? _____

Spine
- O Cervical
- O Thoracic
- O Lumbar

O Neck (soft tissue)
O TMJ bilateral

MUSCULOSKELETAL
O Extremity non-joint _____
O L O R O BIL
O Extremity joint _____
O L O R O BIL
O Arthrogram (w/Gadolinium)
O Ankle
- O Achilles tendon
- O Calcaneous (heel)
- O Peroneal tendon

O Foot
- O Morton's neuroma
- O Plantar fibroma
- O Plantar plate rupture
- O Sesamoiditis

BODY
O Abdomen
- O Routine
- O MRCP w/3D recons
- O Adrenals
- O Liver
- O Pancreas
- O Kidneys

O Chest
O MR enterography (abdomen/pelvis)
O Pelvis
- O Bony
- O Organ(s)

MRA
O Brain
- O Circle of Willis
- O MRV of sagittal sinus

O Neck
- O Carotid arteries
- O Carotid dissection

O Abdomen
- O Abdominal aorta
- O MRV of abdomen/pelvis
- O Renal arteries

O Chest
O Extremity _____
O L O R O BIL

OTHER
O Pre-MRI X-ray to rule out metal _____
O Other _____

THERAPEUTIC INJECTIONS
(Dedham and Springfield only)
O L O R O BIL
O Shoulder
O Knee
O Hip
O Other _____

ARTHROGRAMS
(Dedham, Peabody & Springfield only)
O L O R O BIL
O Shoulder
O Knee
O Hip
O Other _____

X-RAY
Views _____
O Chest
O Abdomen (KUB)
O Spine
- O Cervical
- O Thoracic
- O Lumbar

O Extremity _____
O L O R O BIL
O Orbits screening pre-MRI
O Other _____

REPORTING METHOD
O CD w/report
O Report only
O Portal/Web viewing
O STAT: Call report # _____ Attn: _____
O STAT: Fax report # _____ Attn: _____

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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PATIENT PREPARATION

MRI

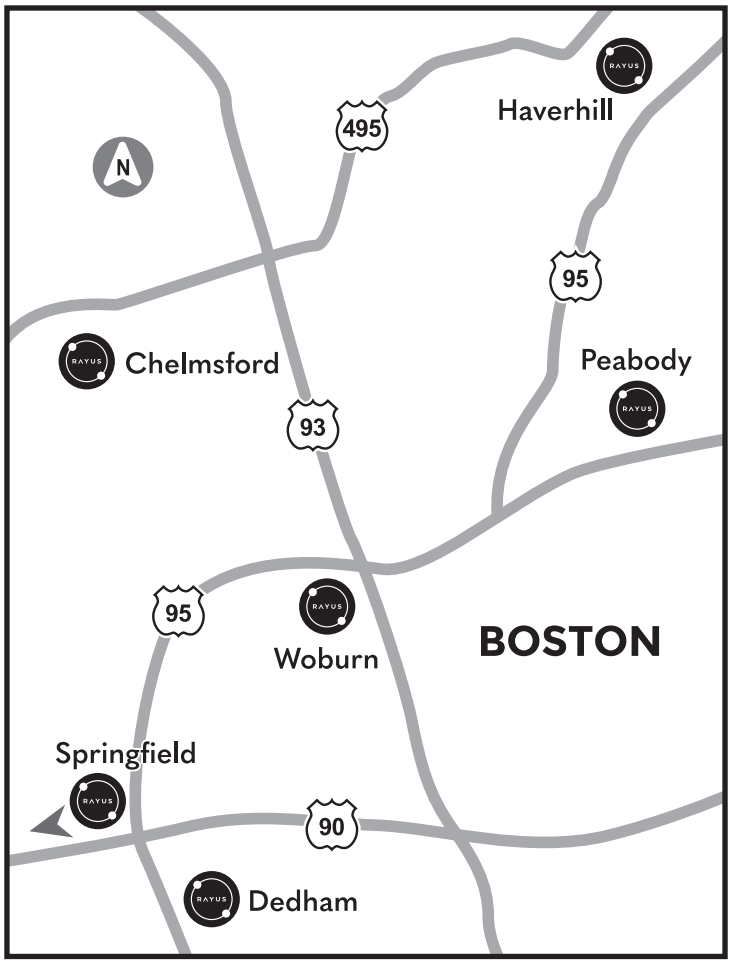
Currently, there are no known biological hazards from MRI; however, since the technique involves strong magnetic fields, certain precautions must be taken. For safety reasons, exclusion from MRI examinations includes patients with: cardiac pacemakers, cardio defibrillators (ICD), cochlear ear implants, insulin pumps, severe renal disease, internal ferromagnetic aneurysm clips in the brain, metallic shrapnel or foreign bodies in or near vital structures (e.g. eyes).

Prior to exam, inform the office if you are/may be pregnant.

MRI CONTRAST STUDIES

A serum creatinine is required for patients if they:

1. Have known renal disease, including acute/chronic renal failure
2. Had a renal transplant or have a single kidney
3. Are on dialysis



CENTER	ADDRESS	MRI	OPEN MRI	THERAPEUTIC INJECTIONS	X-RAY	ARTHRO
Chelmsford	187 Billerica Rd. Chelmsford, MA 01824	●	●			
Dedham	200 Providence Hwy., Suite 210 Dedham, MA 02026	●	●	●	●	●
Haverhill	One Park Way Haverhill, MA 01830	●				
Peabody[1]	One Orthopedics Dr. Peabody, MA 01960	●				●
Springfield	3640 Main St., Suite 101 Springfield, MA 01107	3T MRI, High-field open MRI, CT, Ultrasound, X-ray, Arthrography				
Woburn	800 W. Cummings Park., Suite 1150 Woburn, MA 01801	●	●			

[1]Peabody Imaging North NPI 1760423719/TIN 04-3205435