

BREAST AND BODY IMAGING ORDER FORM

SCHEDULING

P: 800.537.0005

F: 317.846.0557

E: INDYsched@RAYUSradiology.com

Evening and Saturday appointments available.

☐ Patient will call to schedule

☐ Call patient to schedule

Fax completed
order form and
copy of both sides
of insurance card.

☐ Avon

☐ Indianapolis NW

☐ Muncie

See back for addresses



Appointment date and time	Check-in time	Patient DOB	<input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #	
Insurance name	Insurance ID #	Group #	
(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 Decision Support (CDS)	
		Required for Medicare Part B	
		Modifier (determination)	G-code (vendor)

MAMMOGRAPHY

☐ Screening (asymptomatic patient)

Available by appointment

☐ Diagnostic (symptomatic patient or follow up to abnormal screening)

Appointment and order required for diagnostic mammogram

☐ L ☐ R ☐ BIL ☐ Per radiologist discretion

☐ Proceed with diagnostic work-up as indicated, per radiologist's discretion.
May include a diagnostic mammogram or breast ultrasound.

BONE DENSITY

☐ Screening or ☐ Diagnostic

• History of pathological fracture? ☐ No ☐ Yes

• Age-related osteoporosis w/o current pathological fracture? ☐ No ☐ Yes

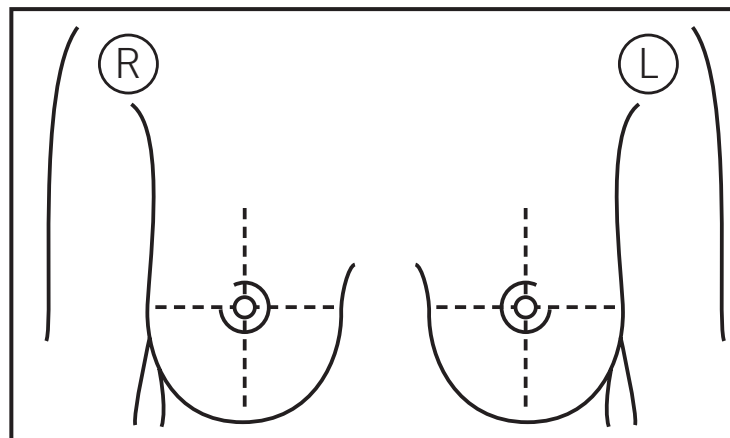
• Estrogen deficiency/clinical risk for osteoporosis? ☐ No ☐ Yes

• Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids?
☐ No ☐ Yes

BREAST ULTRASOUND

☐ OL ☐ OR ☐ BIL

☐ Proceed at radiologist's discretion, if indicated.



Please mark abnormalities on diagram.

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

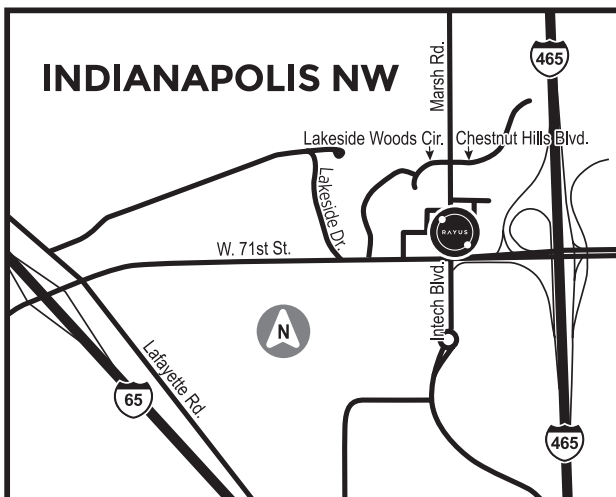
PATIENT PREPARATION

1. Bring this form with you to your appointment.
2. Avoid taking calcium tablets 24 hours prior to the test.
3. Wear comfortable clothing without plastic or metal zippers, buttons or hooks.
4. The results of your test will be forwarded to your doctor.
5. Schedule bone density exams at least two weeks after any contrast dye imaging studies.

AVON
8607 E. US Hwy. 36., Suite 200
Avon, IN 46123



INDIANAPOLIS NW
7151 Marsh Rd., Suite 100
Indianapolis, IN 46278



MUNCIE
3631 N. Morrison Rd., Suite 105
Muncie, IN 47304

