

CHIROPRACTIC SPECIALIST ORDER FORM

SCHEDULING

P: 414.774.7226
 F: 414.454.4995
 E: RAYUSMKE@RAYUSradiology.com
 O: insideRAYUS.com

- Greenfield
- Menomonee Falls
- Mequon
- Oak Creek
- Waukesha
- Wauwatosa
- West Bend

- Patient will call to schedule
- Call patient to schedule

See back for addresses



Froedtert Hospital



**CHIROPRACTIC RADIOLOGIST
 CONSULTATION HOTLINE**
 P: 888.541.SCAN (7226)

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 #	
<input type="radio"/> Auto <input type="radio"/> Commercial/Private <input type="radio"/> Workers' comp	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? <input type="radio"/> No <input type="radio"/> Yes If yes <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela			
Area of body			<input type="radio"/> L <input type="radio"/> R <input type="radio"/> BIL

● MRI

IV contrast as clinically indicated by radiologist
 OR No contrast

If you prefer, you may request:

- 3T MRI
- 1.5T MRI
- HIGH-FIELD OPEN MRI
- MR ANGIOGRAM

MRI Spine interpretations will be performed by a subspecialized MD spine radiologist and Dr. Tim Mick, DC, DACBR, FICC or Dr. Stephen Fridinger, DC, DACBR.

If you prefer, you may request:
 MD read only

● CT

IV contrast as clinically indicated by radiologist
 OR No contrast

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

● X-RAY

Views _____

Patient considerations (check all that apply)			
<input type="radio"/> Claustrophobic	<input type="radio"/> Heart stents	<input type="radio"/> Shunt	<input type="radio"/> Sedation (administered by RAYUS) <i>All patients receiving sedation require a driver.</i>
<input type="radio"/> History of metal in body	<input type="radio"/> Pacemaker	<input type="radio"/> Personal history of cancer	
<input type="radio"/> Ear surgery	<input type="radio"/> Aneurysm clips	<input type="radio"/> Allergic to contrast agents	
Lab results* Creatinine _____ BUN _____		Blood draw date _____	
<small>*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) has a history of renal failure or renal disease, 4) is having chemotherapy or 5) has only one kidney</small>			

REPORTING METHOD <input type="radio"/> Films <input type="radio"/> CD <input type="radio"/> Patient to hand carry <input type="radio"/> Read and call ASAP _____		
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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GREENFIELD

Greenfield Highlands Health Center
 4455 S. 108th St., Suite 140
 Greenfield, WI 53228

MENOMONEE FALLS

North Hills Health Center
 W129 N7055 Northfield Dr., Suite 101
 Menomonee Falls, WI 53051

MEQUON

10596 N. Port Washington Rd.
 Mequon, WI 53092

OAK CREEK

10050 S. 27th St.
 Oak Creek, WI 53154

WAUKESHA

Westbrook Health Center
 2315 E. Moreland Blvd., Suite 1500
 Waukesha, WI 53186

WAUWATOSA

2445 N. Mayfair Rd.
 Wauwatosa, WI 53226

WEST BEND

1709 S. 18th Ave.
 West Bend, WI 53095

Visit RAYUSradiology.com for detailed driving directions to our centers.

SERVICES	GREENFIELD	MENOMONEE FALLS	MEQUON	OAK CREEK	WAUKESHA	WAUWATOSA	WEST BEND
3T MRI				•		•	
High-field MRI	•	•	•		•	•	•
High-field open MRI						•	
Breast MRI	•	•		•	•		
CT		•			•	•	
Arthrograms/MSK therapeutic injections	•		•	•		•	
Bone density (DXA)					•		
3D mammography	•	•			•		
Ultrasound-guided breast biopsy					•		
Ultrasound		•			•		
X-ray	•	•	•	•	•	•	