

PODIATRY SPECIALIST ORDER FORM

SCHEDULING

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

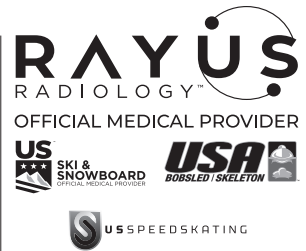
- ☐ Greenfield
- ☐ Menomonee Falls
- ☐ Mequon
- ☐ Oak Creek
- ☐ Waukesha
- ☐ Wauwatosa
- ☐ West Bend

See back for addresses

- ☐ Patient will call to schedule
- ☐ Call patient to schedule



Froedtert Hospital



Appointment date and time	Check-in time	Patient DOB	☐ M ☐ F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #	
Insurance name	Insurance ID #	Group #	
☐ Government ☐ Commercial/Private ☐ Auto/Worker's Comp ☐ No insurance	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.		Clinical Decision Support (CDS)	
		Required for Medicare Part B	
		Modifier (determination)	G-code (vendor)
Is the exam/procedure related to an injury? ☐ No ☐ Yes If yes ☐ Initial ☐ Subsequent or ☐ Sequela			

☐ MRI ☐ CT

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

☐ L ☐ R ☐ BIL

☐ MIDFOOT/HINDFOOT

- ☐ Achilles
- ☐ Dome lesion
- ☐ Fracture/Contusion
- ☐ Heel pain
- ☐ Ligament injury
- ☐ Mass/Cyst
- ☐ Osteomyelitis
- ☐ Plantar fascia
- ☐ Sinus tarsi talar
- ☐ Tarsal coalition
- ☐ Tarsal injury
- ☐ Tendon injury

☐ FOREFOOT

- ☐ Fracture/Contusion
- ☐ Mass/Cyst
- ☐ Metatarsals
- ☐ Morton's neuroma
- ☐ MTP abnormality
- ☐ Osteomyelitis
- ☐ Plantar plate
- ☐ Tendon injury

☐ LISFRANC (midfoot)

- ☐ Other _____
- _____
- _____

X-RAY

☐ L ☐ R ☐ BIL

☐ 2 views ☐ 3 views

- ☐ Foot
- ☐ Ankle
- ☐ Weight-bearing
- ☐ Non-weight-bearing
- ☐ Anteroposterior (AP)
- ☐ Lateral
- ☐ Medial oblique
- ☐ Lateral oblique
- ☐ Calcaneal axial
- ☐ Axial sesamoid
- ☐ Other _____

ULTRASOUND

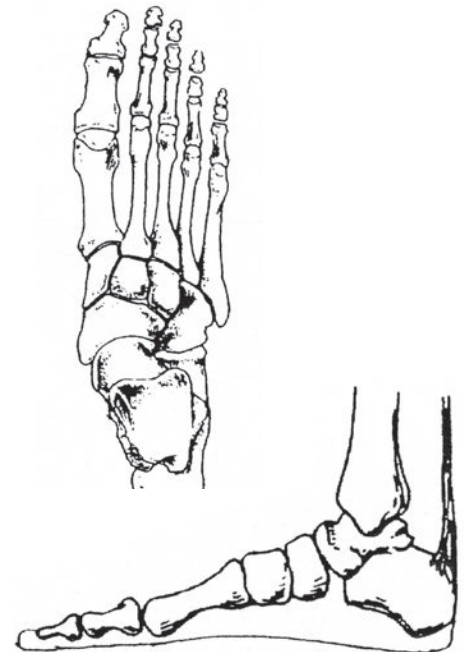
☐ Area of body _____

☐ L ☐ R ☐ BIL

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

CIRCLE AREA OF INTEREST



REPORTING METHOD ☐ Films ☐ CD ☐ Patient to hand carry ☐ 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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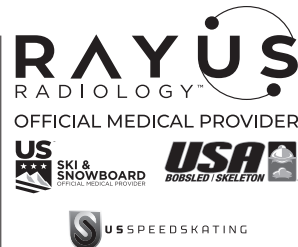
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Froedtert Hospital

**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	•	•	•	•	•	•	