

**SCHEDULING**  
P: 630.208.9325  
F: 630.208.9326  
E: ILorders@RAYUSradiology.com

**GENEVA**  
1416 S. Randall Rd., Suite 180  
Geneva, IL 60134

☐ Patient will call to schedule  
☐ Call patient to schedule



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.

**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**

**X-RAY**

☐ IV contrast as clinically indicated by radiologist  
OR ☐ No contrast  
☐ L ☐ R ☐ BIL

**NEURO**

- ☐ Brain and/or ☐ Orbits  
☐ IACs  
☐ Pituitary  
☐ Neck (soft tissue)  
☐ TMJ  
☐ Volumetric brain imaging (NeuroQuant®)

**SPINE**

- ☐ Cervical  
☐ Thoracic  
☐ Lumbar

**BODY**

- ☐ Breast - bilateral to include MR chest wall  
☐ Breast - bilateral (for implants only)  
☐ Chest  
☐ Abdomen  
☐ MRCP  
☐ Pelvis  
☐ Prostate with DynaCAD  
☐ Hip(s)  
☐ Arthrogram \_\_\_\_\_

**UPPER EXTREMITY**

- ☐ Shoulder  
☐ Elbow  
☐ Wrist  
☐ Hand

**LOWER EXTREMITY**

- ☐ Knee  
☐ Tibia/Fibula  
☐ Ankle  
☐ Foot

**MRA**

- ☐ Head  
☐ Neck

**OTHER**

☐ \_\_\_\_\_

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

☐ 3D reconstructions as clinically indicated by radiologist  
OR ☐ No 3D reconstructions  
☐ L ☐ R ☐ BIL

**NEURO**

- ☐ Head  
☐ Sinus  
☐ Complete  
☐ Limited  
☐ Temporal bones  
☐ DentaScan  
☐ Maxilla  
☐ Mandible  
☐ Both  
☐ Neck (soft tissue)

**SPINE**

- ☐ Cervical  
☐ Thoracic  
☐ Lumbar

**BODY**

- ☐ Chest/Lung  
☐ Abdomen  
☐ Abdomen/Pelvis  
☐ Pelvis  
☐ Hip(s)  
☐ Arthrogram \_\_\_\_\_

**UPPER EXTREMITY**

- ☐ Shoulder  
☐ Elbow  
☐ Wrist  
☐ Hand

**LOWER EXTREMITY**

- ☐ Knee  
☐ Tibia/Fibula  
☐ Ankle  
☐ Foot

**OTHER**

☐ \_\_\_\_\_

**Views**

- ☐ Chest  
☐ Thoracic  
☐ Cervical  
☐ Lumbar  
☐ Pelvis  
☐ Lower extremity ☐ R ☐ L ☐ BIL  
☐ Upper extremity ☐ R ☐ L ☐ BIL  
☐ Sinus  
☐ Neck (soft tissue)  
☐ KUB  
☐ Orbits pre-MRI (rule out metal)  
☐ Other \_\_\_\_\_

**ULTRASOUND**

☐ Doppler if clinically indicated by radiologist  
OR ☐ No Doppler

☐ Transvaginal study if clinically indicated by radiologist OR ☐ No transvaginal  
☐ L ☐ R ☐ BIL

- ☐ Abdomen  
☐ Breast  
☐ Carotid/Duplex, vertebral artery  
☐ Gallbladder  
☐ Live Doppler  
☐ Obstetric  
☐ OB < 14 weeks ☐ OB 14+ weeks  
☐ Pelvis  
☐ Renal and ☐ Bladder  
☐ Scrotum ☐ Doppler  
☐ Soft tissue mass  
☐ Thyroid  
☐ Venous duplex  
☐ Leg  
☐ Arm  
☐ Other \_\_\_\_\_

**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

**MAMMOGRAPHY**

☐ L ☐ R ☐ BIL

- ☐ Screening  
☐ Diagnostic  
☐ Proceed with diagnostic workup per radiologist's discretion

**LAB RESULTS\*** Creatinine \_\_\_\_\_ Blood draw date \_\_\_\_\_ ☐ Creatinine on-site testing at RAYUS Radiology

\* Lab values needed within 30 days of the exam for IV contrast if the patient 1) is diabetic 2) is 60 years or older or 3) has a history of kidney disease

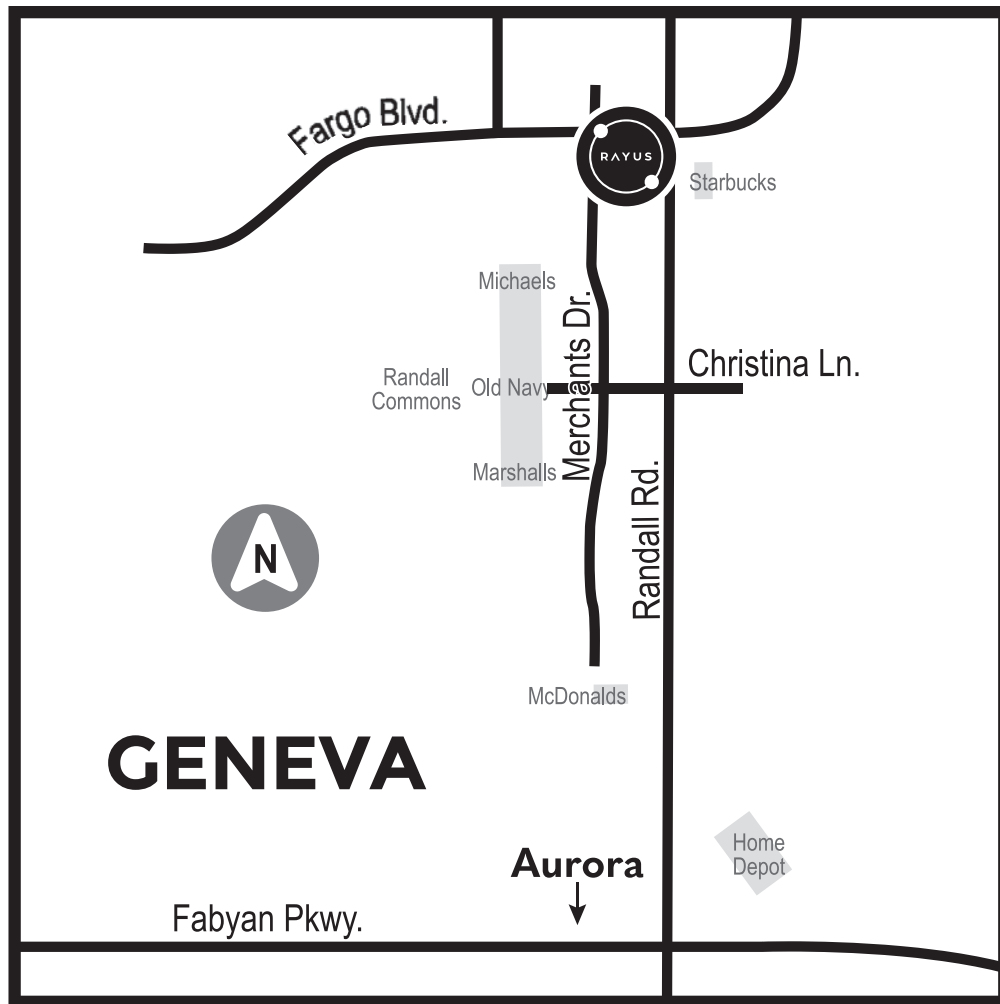
**REPORTING METHOD** ☐ Routine ☐ STAT/ASAP ☐ Read & call \_\_\_\_\_ ☐ Fax report \_\_\_\_\_

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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**FROM THE NORTH**

Take Randall Rd. south to Fargo Blvd. Turn right on Fargo Blvd. Turn left on Randall Ct. (3-way stop). Take the first left into the parking lot.

**FROM THE SOUTH**

Take Randall Rd. north to Fargo Blvd. Turn left on Fargo Blvd. Turn left on Randall Ct. (3-way stop). Take the first left into the parking lot.

**FROM THE EAST**

Take Highway 64 (North Ave.) to Randall Rd. Turn left on Randall Rd. Turn right on Fargo Blvd. Turn left on Randall Ct. (3-way stop). Take the first left into the parking lot.

**FROM THE WEST**

Take Highway 64 (North Ave.) to Randall Rd. Turn right on Randall Rd. Turn right on Fargo Blvd. Turn left on Randall Ct. (3-way stop). Take the first left into the parking lot.