

SCHEDULING

P: 207.945.4680
F: 207.945.4689

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

Tax ID: 01-0535132
NPI: 1922655562



See back for address, directions and instructions

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 #		Authorization #
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury	Patient height		Patient weight
(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			Clinical Decision Support (CDS)	
			Required for Medicare Part B	
			Modifier (determination)	G-code (vendor)

MRI

3T MRI and high-field MRI

☐ IV contrast as clinically indicated by radiologist ☐ With contrast ☐ With and without contrast ☐ Without contrast
☐ L ☐ R ☐ BIL

NEURO

- ☐ Brain
☐ IAC
☐ Pituitary
☐ Orbits
☐ Volumetric brain imaging - What are you looking to measure? _____
 Spine
☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Sacrum/Coccyx
☐ Neck (soft tissue)
☐ Brachial plexus
☐ Pre-MRI orbit, X-ray (for metal)

BODY

- ☐ Chest
☐ Breast
☐ Cardiac
☐ Abdomen
☐ Pelvis
☐ Enterography
☐ MRCP w/3D reconstruction
☐ Prostate

MSK

- ☐ Extremity _____
☐ Joint _____
☐ Arthrogram (w/Gadolinium)
☐ TMJ

MRA/MRV

- ☐ Brain
☐ Neck/Carotids
☐ Aortic arch
☐ Abdomen (aorta)
☐ Extremity _____
OTHER
☐ _____

PATIENT PREPARATION**MRI**

Inform us if you have a pacemaker, cardiac defibrillator, ICD, cochlear ear implants or severe renal disease, are on dialysis, have had an injury to your eyes with metal or have any metal objects in your body.

SPECIAL INSTRUCTIONS

Patient should bring any prior films or CDs related to the imaging procedure to be performed. Any sedation or pain medication for a procedure must be prescribed by the patient's provider. Inform the office if you are or may be **pregnant** or are a **nursing mother**.

Patient consideration Claustrophobia <input type="radio"/> No <input type="radio"/> Yes			
Lab results Creatinine _____ GFR _____ Blood draw date _____ <input type="radio"/> STAT testing* <input type="radio"/> Creatinine and GFR testing needed <small>*Blood work results needed for patients who are over 60 years of age receiving the contrast agents, Multihance for Breast and Prostate and Gadovist for Cardiac.</small>			
REPORTING METHOD <input type="radio"/> CD w/report <input type="radio"/> Web viewing <input type="radio"/> STAT: call report _____ <input type="radio"/> Report only <input type="radio"/> Fax report _____			
Provider name (print)	Provider location	Phone #	Fax #
Provider signature (required) Do not use rubber stamp.		NPI # (required for new providers)	Date

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**BANGOR**

489 State St., Suite 100
Bangor, ME 04401

HOURS

Mon.-Fri. 7 a.m. - 8 p.m.

DIRECTIONS

From I-95, take the Hogan Rd. exit (187). Follow Hogan Rd. south past the auto dealerships all the way to the river. Turn right on State St. and follow the river about a quarter of a mile. EMMC is on your left. The entrance to RAYUS is located on the left, immediately after the Riverside Inn. There is an MRI specific entrance for patients. RAYUS shares a parking lot with the Riverside Inn but has several parking spots reserved for patients.

When you enter the building follow the signs to the first floor. The RAYUS office is located on the right.

