

**SCHEDULING**

- Call patient to schedule
- Obtain authorization

Portland and Auburn's tax ID #01-0510040  
Other centers' tax ID #01-0535132

**If faxing an order, please include:**

- Demographics
- Insurance card
- Clinical notes

**○ RAYUS RADIOLOGY AUBURN**

600 Turner Street, Suite 1  
Auburn, Maine 04210  
P: 800.734.4132  
F: 800.883.6370

**○ RAYUS RADIOLOGY MARSHWOOD**

33 Gorham Rd.  
Scarborough, ME 04074  
P: 207.883.3803  
F: 207.883.6370

**○ RAYUS RADIOLOGY BRUNSWICK**

1 Admiral Fitch Ave., Suite A  
Brunswick, ME 04011  
P: 800.734.4132  
F: 207.721.8125

**○ RAYUS RADIOLOGY PORTLAND**

33 Sewall St.  
Portland, ME 04102  
P: 207.828.2160  
F: 207.828.2167

**○ RAYUS RADIOLOGY REDINGTON FAIRVIEW HOSPITAL**

46 Fairview Ave.  
Skowhegan, ME 04976  
P: 800.734.4132  
F: 207.883.6348

Appointment date and time		Patient DOB		○ M ○ 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	
<b>(REQUIRED) Written diagnosis/reason/symptom for exam(s).</b> Must include <b>specific</b> clinical indications (such as location, context and severity) to support medical necessity for each test.				<b>Clinical Decision Support (CDS)</b>	
				<b>Required for Medicare Part B</b>	
				Modifier (determination)	G-code (vendor)
<b>Is the exam/procedure related to an injury?</b> <input type="radio"/> No <input type="radio"/> Yes <b>If yes</b> <input type="radio"/> Initial <input type="radio"/> Subsequent or <input type="radio"/> Sequela					

**MRI**

**○ IV contrast as clinically indicated by radiologist OR ○ No contrast**

**○ L OR ○ BIL**

**NEURO**

- Brain and/or Orbits
- IAC
- Pituitary
- Neck (soft tissue)

**Spine**

- Cervical
- Thoracic
- Lumbar

**BODY**

- Chest
- Breast
- Abdomen
- Pelvis
- MRCP w/3D reconstruction

**MSK UPPER EXTREMITY**

- Elbow
- Finger
- Forearm
- Hand
- Humerus
- Shoulder
- Wrist

**MSK LOWER EXTREMITY**

- Ankle
- Foot
- Hips
- Pelvis
- Knee
- Pelvis/GYN - specify \_\_\_\_\_
- Tibia/Fibula

**MRA**

- Brain
- Neck/Carotids
- Renal arteries
- Abdomen (aorta)
- Upper extremity \_\_\_\_\_
- Lower extremity \_\_\_\_\_
- Other \_\_\_\_\_

**OTHER**

- Area of body \_\_\_\_\_
- Arthrogram (joint injection)
- X-ray to rule out metal
- \_\_\_\_\_

**CT**

*(Auburn, Brunswick and Marshwood locations only)*

**○ IV contrast as clinically indicated by radiologist OR ○ No contrast**

**○ 3D reconstruction as clinically indicated by radiologist OR ○ No reconstruction**

**NEURO**

- Brain   ☐ Orbits
- Facial bones
- Maxilla
- Mandible
- Sinus
- IAC/Temporal bones
- Neck (soft tissue)

**Spine**

- Cervical
- Thoracic
- Lumbar

**BODY**

- Chest
- Abdomen
- Pelvis
- Abdomen & pelvis
- Urogram (IVP)
- Enterography
- Kidney stone protocol

**MSK**

- Extremity \_\_\_\_\_
- L OR ○ BIL

**CTA**

- Brain
- Abdomen
- Abdomen/pelvis
- Chest to rule out aneurysm
- Neck/Carotids
- Aorta-iliac runoff
- Chest to rule out pulmonary embolism
- Other \_\_\_\_\_

**OTHER**

- \_\_\_\_\_

**REPORTING METHOD**

☐ STAT/ASAP

☐ STAT: Call report \_\_\_\_\_

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