DENTAL ORDER FORM

SCHEDULING
P: 503.253.1105
F: 503.535.8394
E: ORRAYUSorders@RAYUSradiology.com

O Bethany
O Gateway
O Hall/Nimbus
O Happy Valley
O Slabtown

See back for addresses

O Patient will call to schedule
O Call patient to schedule

RAYUS RADIOLOGY™

Appointment date and time	Check-in time	Patient DOB	Sex assigned at birth O M O F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #	
Insurance name	Insurance ID #	Authorization #	
O Auto O Workers' comp O Commercial/Private O No insurance	Date of injury	Claim #	Attorney name

(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? O No O Yes **If yes** O Initial O Subsequent or O Sequela

Clinical Decision Support (CDS)
Required for Medicare Part B

Modifier (determination)	G-code (vendor)

DENTAL STUDY

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

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

MRI

O TMJ (bilateral)
O Other _____

CT

O Dentascan
  O Maxilla
  O Mandible
O Facial bones
O Sinus
  O Routine
  O Surgical planning
O Soft tissue neck
O TMJ
O Other _____

X-RAY

Views _____

O Sinus
O Soft tissue neck
O TMJ
O Chest 1 view
O TMJ arthrogram
O Other _____

Prior studies O No O Yes Location of prior studies _____

Lab results Creatinine _____ BUN _____ Blood draw date _____ O On-site creatinine testing needed*

**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) is on chemotherapy, 4) has history of kidney or liver disease or 5) has hypertension*

REPORTING METHOD O Report only O Report & images O Report & CD O Phone report _____ O 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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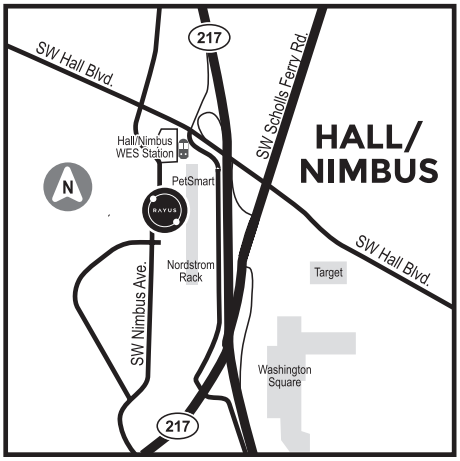
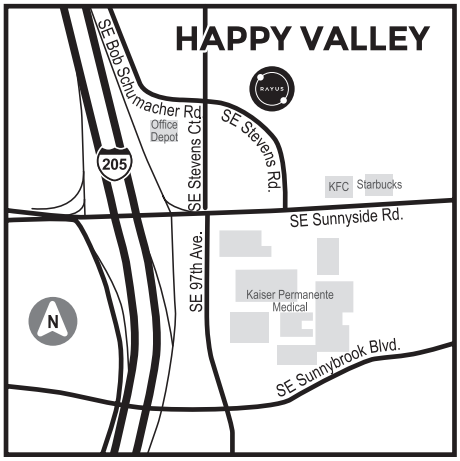
RAYUS RADIOLOGY™

BETHANY
1500 NW Bethany Blvd.
Suite 100
Beaverton, OR 97006

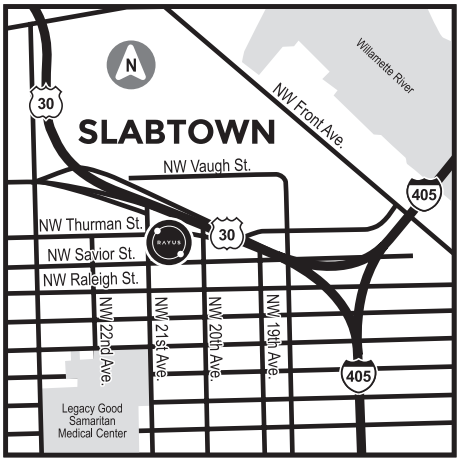
GATEWAY
233 NE 102nd Ave.
Portland, OR 97220



HALL/NIMBUS
8950 SW Nimbus Ave.
Beaverton, OR 97008



HAPPY VALLEY
10121 SE Sunnyside Rd.
Suite 170
Clackamas, OR 97015



SLABTOWN
2055 NW Savier St.
Suite 110
Portland, OR 97209