CHIROPRACTIC ORDER FORM

SCHEDULING
O Patient will call to schedule
O Call patient to schedule
Tax ID #46-5265469
NPI #1164829214

O DESOTO
O MANSFIELD
P: 214.420.5400

O MCKINNEY
O PLANO
O RICHARDSON
P: 972.920.0120

E: TXimagingorders@RAYUSradiology.com

See back for fax numbers and addresses

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 #	Group #	
O Auto O Workers' comp O 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.

Is the exam/procedure related to an injury? O No O Yes **If yes** O Initial O Subsequent or O Sequela

● MRI ● CT

O IV contrast as clinically indicated by radiologist
O Without contrast O With contrast O With/Without contrast

NEURO
O TMJ
O Neck (soft tissue)
O Other _____

SPINE
O Cervical
O Thoracic
O Lumbar

MSK
O Extremity joint _____
O L O R O BIL O Arthrogram (if indicated)
O Extremity non-joint _____
O L O R O BIL

OTHER
O Screening to rule out metal (X-ray or CT as available)
O _____

MRI spine interpretations will be performed by a subspecialized spine radiologist and **Stephen Fridinger, DC, DACBR**, or **Timothy J. Mick, DC, DACBR, FICC**. If you prefer, you may request:
O MD read only **OR**
O Chiropractic read (includes MD read)

X-RAY

O L O R O BIL

Area of body _____

Views _____

BONE DENSITY

O Screening or O Diagnostic
- History of pathological fracture? O No O Yes
- Age-related osteoporosis w/o current pathological fracture? O No O Yes
- Estrogen deficiency/clinical risk for osteoporosis? O No O Yes
- Is patient taking FDA-approved osteoporosis drug or current long-term use of steroids? O No O Yes

We also perform a variety of **diagnostic and therapeutic injections** at our DeSoto location, along with mammography and other services at several of our centers. See the back of this form for a complete list of our locations and services.

Patient considerations (check all that apply) O Claustrophobic O Sedation (administered by RAYUS Radiology) *All patients receiving sedation require a driver.*
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 renal failure or renal disease or 5) has only one kidney*

REPORTING METHOD
O STAT call # _____ O STAT fax # _____ O STAT/ASAP
O CD to provider's office O Patient to hand carry CD/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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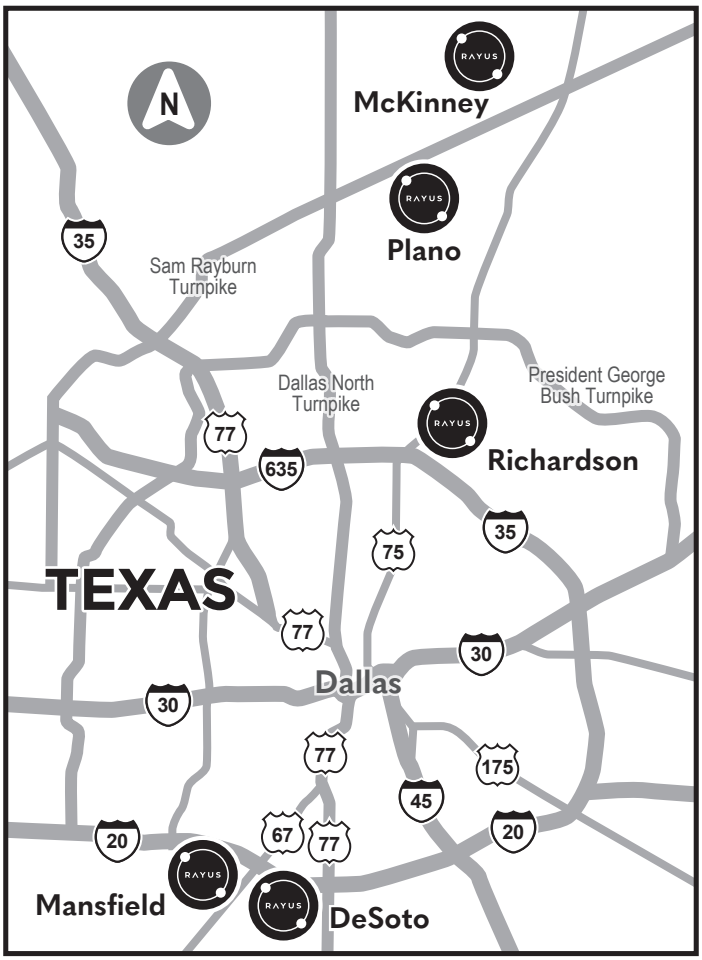

CENTER	PHONE/FAX	ADDRESS	HIGH-FIELD MRI	CT	ULTRA-SOUND	MAMMO	DXA	X-RAY	OTHER SERVICES
DeSoto	P: 214.420.5400 F: 214.420.5401	1750 N. Hampton Rd. DeSoto, TX 75115	●	●	●	●	●	●	3D mammography, Bone density, Breast cancer risk assessment, Breast MRI, Interventional radiology procedures, Biopsies, Kyphoplasty, Arthrogram, Myelogram
Mansfield	P: 214.420.5400 F: 817.453.8082	2975 E. Broad St., Suite 101 Mansfield, TX 76063	● (Open)	●	●			●	Arthrogram, Breast MRI
McKinney	P: 972.920.0120 F: 214.592.0035	7300 Eldorado Pkwy., Suite 170 McKinney, TX 75070	● (Oval)	●	●	●	●	●	3D mammography, Breast caner risk assessment, Breast MRI, Bone density
Plano	P: 972.920.0120 F: 972.208.1421	8080 Independence Pkwy., Suite 105 Plano, TX 75025	● (Wide-bore)	●	●	●	●	●	3D mammography, Breast cancer risk assessment, Breast biopsies, Arthrogram, Bone density
Richardson	P: 972.920.0120 F: 972.238.1222	4140 E. Renner Rd., Suite 100 Richardson, TX 75082	● (Open)	●	●			●	Arthrogram