

SCHEDULING
P: 219.476.7226
F: 219.476.4211
E: Valpo.ordering@RAYUSradiology.com

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

**FRANCISCAN HEALTH CROWN POINT
DIAGNOSTIC IMAGING CENTER
RAYUS RADIOLOGY**
2411 LaPorte Ave.
Valparaiso, IN 46383
See back for directions

 **Franciscan HEALTH**
CROWN POINT
DIAGNOSTIC IMAGING CENTER
POWERED BY **RAYUS**
RADIOLOGY

**Fax completed order form and copy of
both sides of insurance card.**

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 #		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)

Condition ☐ Acute ☐ Chronic

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

☐ Without contrast ☐ With contrast ☐ With/Without contrast ☐ Oral contrast

☐ Order creatinine test + GFR (See reverse side for GFR details.)

Required for all patients receiving contrast > 60 y.o. **OR** see complete list on back.

MRI

CT

☐ L ☐ R ☐ BIL

NEURO

- ☐ Brain and/or ☐ Orbits
☐ IACs
☐ Pituitary
☐ Neck (soft tissue)
☐ Volumetric brain imaging (NeuroQuant®)
What are you looking to measure? _____

SPINE

- ☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Sacrum

CHEST/ABDOMEN/PELVIS

- ☐ Chest/Brachial plexus
☐ Abdomen organ - specify _____
☐ MRCP
☐ Pelvis
☐ Hip(s)

UPPER EXTREMITY

- ☐ Shoulder
☐ Elbow
☐ Forearm
☐ Wrist
☐ Hand
☐ Fingers

LOWER EXTREMITY

- ☐ Hip
☐ Femur
☐ Knee
☐ Tibia/Fibula
☐ Ankle (arch to hind foot)
☐ Foot (arch to toes)

☐ Other _____

MRA

- ☐ Brain
☐ Neck/Carotids
☐ Renal arteries
☐ Thoracic aorta
☐ Other _____

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

☐ L ☐ R ☐ BIL

NEURO

- ☐ Brain and/or ☐ Orbits
☐ Facial bones
☐ IAC/Temporal bones
☐ Sinus
☐ TMJ
☐ Neck (soft tissue)

SPINE

- ☐ Cervical
☐ Thoracic
☐ Lumbar

BODY

- ☐ Chest
☐ Abdomen and/or ☐ Pelvis
☐ KUB (stone protocol/abdomen/pelvis)
☐ Hip(s)
☐ Urogram

UPPER EXTREMITY

- ☐ Shoulder
☐ Elbow
☐ Wrist

☐ Other _____

LOWER EXTREMITY

- ☐ Knee
☐ Ankle

☐ Other _____

CTA

- ☐ Head
☐ Neck
☐ Chest PE (pulmonary embolism)
☐ Abdomen (aorta)

☐ Other _____

CARDIAC

- ☐ Cardiac morph
☐ Cardiac MR/Viability
☐ Cardiac flow mapping
☐ Other _____

ULTRASOUND

☐ Doppler as clinically indicated by radiologist
OR ☐ No Doppler

☐ Transvaginal study as clinically indicated by radiologist
OR ☐ No transvaginal

☐ L ☐ R ☐ BIL

☐ Complete ☐ Limited

Aorta

- ☐ Screening
☐ Diagnostic

Abdomen

- ☐ Limited (gallbladder, liver, pancreas)
☐ Complete (gallbladder, liver, pancreas, kidneys and spleen)

☐ Kidney

☐ Obstetric ☐ 1st ☐ 2nd ☐ 3rd trimester

☐ Pelvic

☐ Thyroid

☐ Scrotum

Vascular studies

- ☐ Carotid
☐ Venous leg
☐ Venous arm

☐ L ☐ R ☐ BIL

☐ L ☐ R ☐ BIL

☐ Other _____

X-RAY

☐ L ☐ R ☐ BIL

Views _____

☐ Body part _____

SPINE

- ☐ Cervical
☐ Thoracic
☐ Lumbar
☐ Other _____

**ELECTROCARDIOGRAM
(EKG)**

☐ Electrocardiogram (EKG)

REPORTING METHOD

☐ CD w/report
☐ Report only

☐ STAT/ASAP
☐ Patient to carry CD

☐ Read and call _____
☐ Portal/Web viewing

Provider name (print)

Provider location

City/Zip

Phone #

Provider signature (required)

Do not use rubber stamp.

NPI # (required for new providers)

Date

SCHEDULING

P: 219.476.7226

F: 219.476.4211

E: Valpo.ordering@RAYUSradiology.com

SPECIAL INSTRUCTIONS

Order creatinine + GFR prior to MRI or CT exam with contrast for the following patients:

- Age 60 and older – lab values needed within 6 weeks of exam.
- With a history of one of the following – lab values needed within 6 weeks of exam:
 - Collagen Vascular Disease (Lupus, Scleroderma, etc.)
 - One kidney
 - CRI
 - Diabetes
 - History of kidney transplant
 - Kidney tumor
 - On dialysis or Polycystic Kidney Disease
 - Hypertension
- With prior GFR of 30-59 – lab values needed within 2 weeks of exam.
- With a prior GFR of less than 30 – lab values needed within 1 week of exam.

MRI precluding history: Implantable Cardioverter Defibrillator (ICD), pacemaker and brain clip

- Order a different testing modality if any of the above apply.
- Each patient receives a questionnaire to rule out metal in the body prior to an MRI.
- Patients should be prepared to provide surgical history and bring stent information cards.

FRANCISCAN HEALTH CROWN POINT DIAGNOSTIC IMAGING CENTER RAYUS RADIOLOGY

2411 LaPorte Ave.
Valparaiso, IN 46383

Franciscan Health Crown Point Diagnostic Imaging Center Rayus Radiology is located on the east side of Valparaiso off of LaPorte Ave. in the medical office complex directly across from the retail shops, including Target.

FROM THE NORTH: Take Hwy. 49 south to the State Rd. 2 E. exit. Turn right at the end of the ramp and continue to the second stoplight. Target will be on your left. Turn right onto Legend Dr. The center is located in the front, left building indicated by Diagnostic Imaging.

FROM THE SOUTH: Take Hwy. 49 north to the State Road 2 E. exit. Turn left at the end of the ramp and continue to the second stoplight. Target will be on your left. Turn right onto Legend Dr. The center is located in the front, left building indicated by Diagnostic Imaging.

FROM THE EAST: Take State Rd. 30 W. and turn right at Sturdy Rd. Valparaiso University will be on your left. Turn right onto LaPorte Ave. Proceed down LaPorte - you will see the facility on your left, indicated by Franciscan Health Crown Point Diagnostic Imaging Center Rayus Radiology signage. At the next light, where Target is on your right, turn left onto Legend Dr. The center is located in the front, left building, indicated by Diagnostic Imaging.

FROM THE WEST: Take LaPorte Ave. E. past Valparaiso University. You will see the facility on your left, indicated by Franciscan Health Valparaiso CDI signage. At the next light, where Target is on your right, turn left onto Legend Dr. The center is located in the front, left building, indicated by Diagnostic Imaging.

