

RAYUS PAIN CARE ORDER FORM

SCHEDULING

P: 320.229.4633
 F: 320.229.4686
 E: RAYUSstcsched@RAYUSradiology.com

Sartell
 See back for address

- Patient will call to schedule
 Call patient to schedule



PATIENT INFORMATION			Patient DOB	<input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #		
<input type="radio"/> Please release my records from the referring provider listed below to RAYUS.		Patient signature (required if releasing records)		
INSURANCE INFORMATION				
Insurance name	Insurance ID #	Group #	Member #	
Claim #	Adjuster	Phone #		
<input type="radio"/> Auto <input type="radio"/> Workers' comp <input type="radio"/> Commercial/Private	Date of injury	Attorney	Phone #	
(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)	
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				

COMPREHENSIVE PAIN CARE EVALUATION FOR:

- Pain care consult and treat as clinically indicated
- Regenerative medicine (PRP/BMAC) consult and treat as clinically indicated
- Other _____

RECOMMENDATIONS MAY INCLUDE:

- Physical therapy
- Behavioral health evaluation
- Medication management in partnership with primary care provider
- Surgical consults
- Injections:
 - Epidurography/Epidural steroid
 - Facet joint steroid
 - Facet nerve block
 - Selective nerve root block
 - Spinal cord stimulator trials
- Imaging:
 - MRI
 - CT
 - X-ray

Regular updates on patient's progress will be provided to you by our RAYUS Pain Care team.

REFERRING PROVIDER INFORMATION			
Provider name (print)	Provider location	Phone #	
	City/Zip		
Provider signature (required)	Date (required)	Time (required)	NPI # (required for new providers)
Do not use rubber stamp.		am pm	

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**SARTELL**

1901 Connecticut Ave. S., Suite 200
Sartell, MN 56377

FROM INTERSTATE 94: Take Hwy. 15 north to Cty. Rd. 120. Take the exit for Cty. Rd. 120, turn left by crossing through the diamond intersection and follow to Connecticut Ave. (about 1 block). Turn right onto Connecticut Ave. and drive ½ a mile. Turn left into the RAYUS Radiology parking lot.

FROM HWY. 10: Traveling west on Hwy. 10, take the Cty. Rd. 29 exit and at the off ramp turn left and follow Cty. Rd. 29 to Hwy. 15. Turn left at the stoplight onto Hwy. 15 and follow to Cty. Rd. 120. Turn right onto Connecticut Ave. and drive ½ a mile. Turn left into the RAYUS Radiology parking lot.

Traveling east on Hwy. 10, take the Hwy. 15 exit to St. Cloud and follow to Cty. Rd. 120. Turn right onto Connecticut Ave. and drive ½ a mile. Turn left into the RAYUS Radiology parking lot.

FROM HWY. 23: Traveling east on Hwy. 23, take a left at Hwy. 15 and follow north to Cty. Rd. 120. Take the exit for Cty. Rd. 120, turn left by crossing through the diamond intersection and follow to Connecticut Ave. (about 1 block). Turn right onto Connecticut Ave. and drive ½ a mile. Turn left into the RAYUS Radiology parking lot.

