

RAYUS PAIN CARE ORDER FORM

SCHEDULING

P: 952.738.4580
 F: 952.543.6524
 E: TCorders@RAYUSradiology.com

- Blaine
 - Burnsville
 - Coon Rapids
 - St. Louis Park
 - Shakopee
 - Woodbury
- See back for addresses*

- 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 Pain Care.			Patient signature (required)	
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 appropriate
- Injection
- Imaging
- Regenerative medicine (PRP/BMAC) consult and treat as appropriate
- Other _____

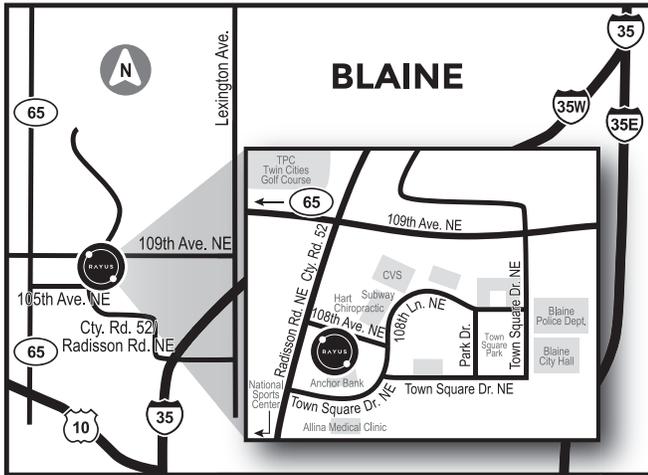
RECOMMENDATIONS MAY INCLUDE:

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> • Physical therapy • Behavioral health evaluation • Medication management in partnership with primary care provider • Surgical consults • Spinal cord stimulator trials and permanent placements | <ul style="list-style-type: none"> • Injections: <ul style="list-style-type: none"> - Epidurography/Epidural steroid - Facet joint steroid - Facet nerve block - Selective nerve root block | <ul style="list-style-type: none"> • Imaging: <ul style="list-style-type: none"> - MRI - CT - X-ray |
|--|---|--|

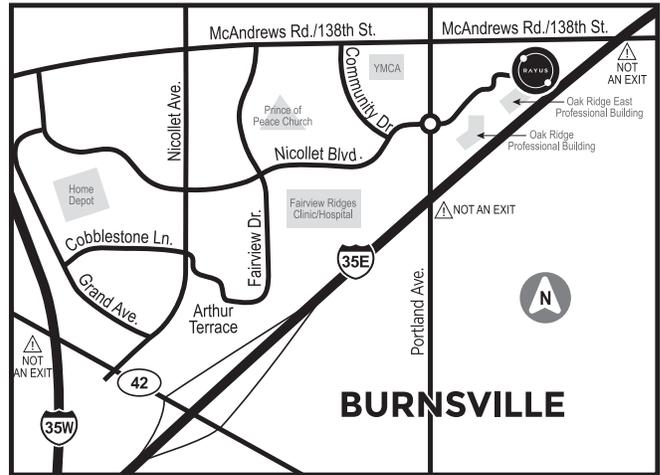
Regular updates on patient's progress will be provided to you by our RAYUS Pain Care team.

REFERRING PROVIDER INFORMATION			
Clinic name		Phone #	Fax #
Clinic address		City	State Zip
Provider name (print)		Provider location City/Zip	Phone #
Provider signature (required) Do not use rubber stamp.		NPI # (required for new providers)	Date

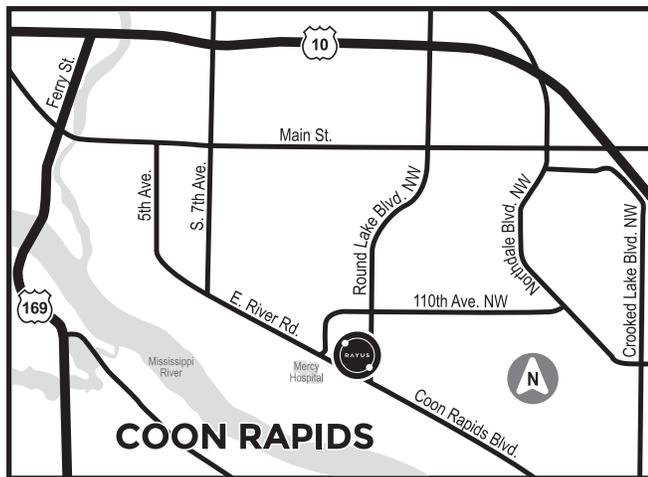
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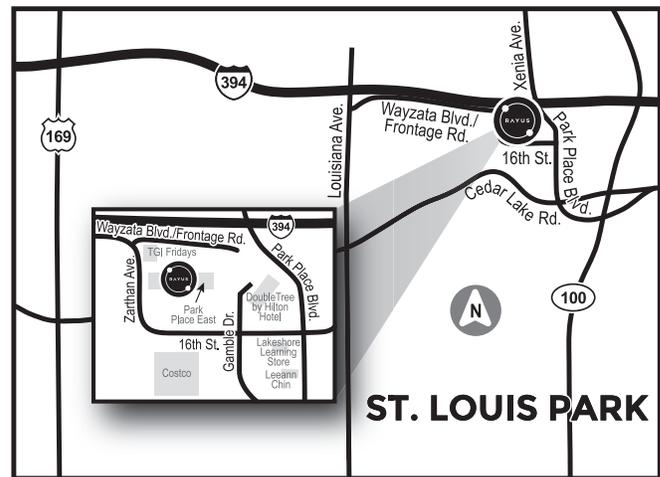
BLAINE
 2305 108th Ln. NE
 Blaine, MN 55449



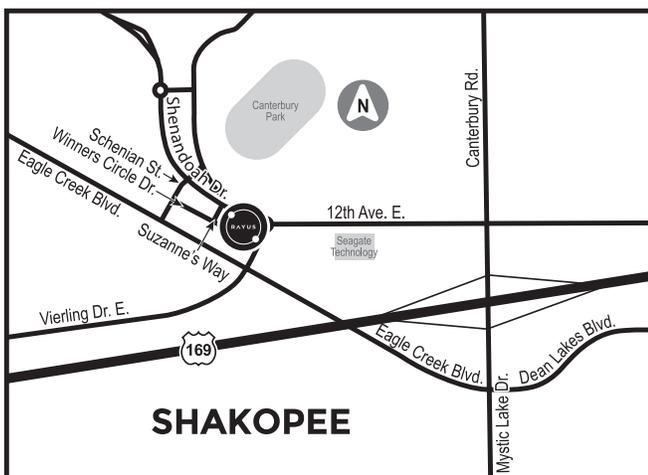
BURNSVILLE
 675 E. Nicollet Blvd., Suite 150
 Burnsville, MN 55337



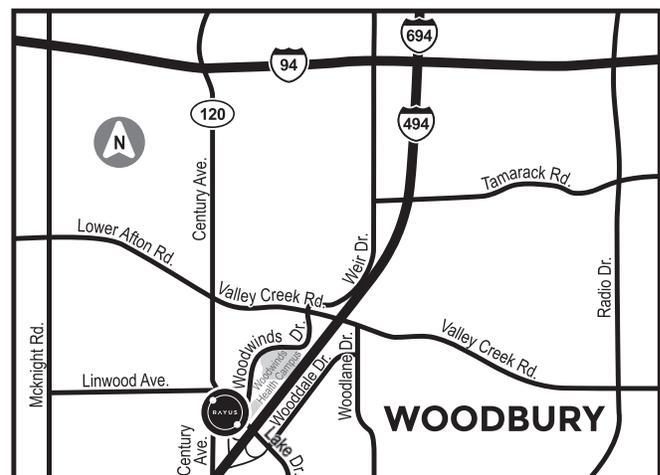
COON RAPIDS
 3833 Coon Rapids Blvd. NW, Suite 120
 Coon Rapids, MN 55433



ST. LOUIS PARK
 5775 Wayzata Blvd., Suite 190
 St. Louis Park, MN 55416



SHAKOPEE
 2995 Winners Circle, Suite 105
 Shakopee, MN 55379



WOODBURY
 6025 Lake Rd., Suite 130
 Woodbury, MN 55125