

# WOMEN'S IMAGING ORDER FORM

## SCHEDULING

P: 214.420.5400

F: 214.420.5401

E: TXimagingorders@RAYUSradiology.com

Tax ID #46-5265469

NPI #1164829214

## DESOTO

1750 N. Hampton Rd.

DeSoto, TX 75115

☐ Patient will call to schedule

☐ Call patient to schedule



Appointment date and time	Check-in time	Patient DOB	Sex assigned at birth <input type="radio"/> M <input type="radio"/> F
Patient name (as shown on insurance card)	Primary phone #	Secondary phone #	
Insurance name	Insurance ID #	Group #	
(REQUIRED) Written diagnosis/reason/symptom for exam(s). Must include <b>specific</b> clinical indications (such as location, context and severity) to support medical necessity for each test.		<b>Clinical Decision Support (CDS)</b>	
		<b>Required for Medicare Part B (MRI only)</b>	
		Modifier (determination)	G-code (vendor)

## BILATERAL BREAST MRI

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

- ☐ Screening  
☐ Diagnostic  
☐ Implant rupture evaluation

## BREAST ULTRASOUND

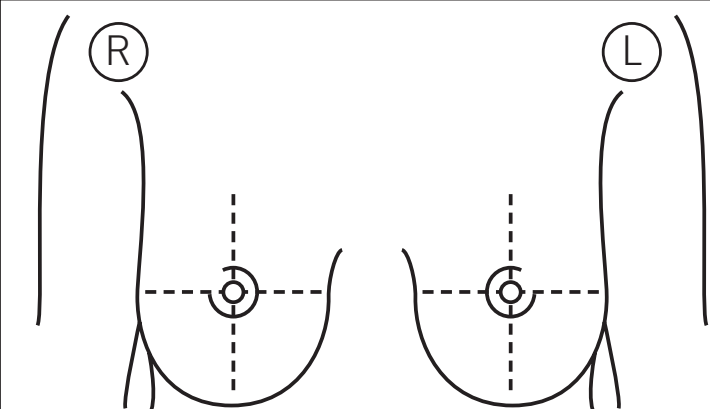
☐ L ☐ R ☐ BIL

☐ Complete ☐ Limited

☐ Proceed at radiologist discretion, if indicated.

## MAMMOGRAPHY WITH 3D

- ☐ Screening (asymptomatic patient)  
☐ Diagnostic (symptomatic patient or follow-up to abnormal screening) - *ultrasound if needed*  
**Appointment and order required for diagnostic mammogram**  
☐ L ☐ R ☐ BIL



Please mark abnormalities on diagram.

## IMAGE-GUIDED BREAST PROCEDURES

☐ L ☐ R ☐ BIL

- ☐ Galactogram  
☐ MRI-guided breast biopsy  
☐ Needle localization  
☐ Stereotactic biopsy  
☐ US-guided core biopsy  
☐ US-guided cyst aspiration  
☐ Other \_\_\_\_\_

## ULTRASOUND

☐ Transvaginal if clinically indicated by radiologist OR ☐ No transvaginal

- ☐ Abdomen complete ☐ Abdomen limited  
☐ Obstetric  
☐ 1st trimester  
☐ 2nd trimester  
☐ 3rd trimester  
☐ Pelvis complete ☐ Pelvis limited  
☐ Thyroid  
☐ Transvaginal  
☐ Other \_\_\_\_\_

## BONE DENSITY

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

## SPECIAL PROCEDURES

- ☐ Uterine fibroid embolization  
☐ Other \_\_\_\_\_

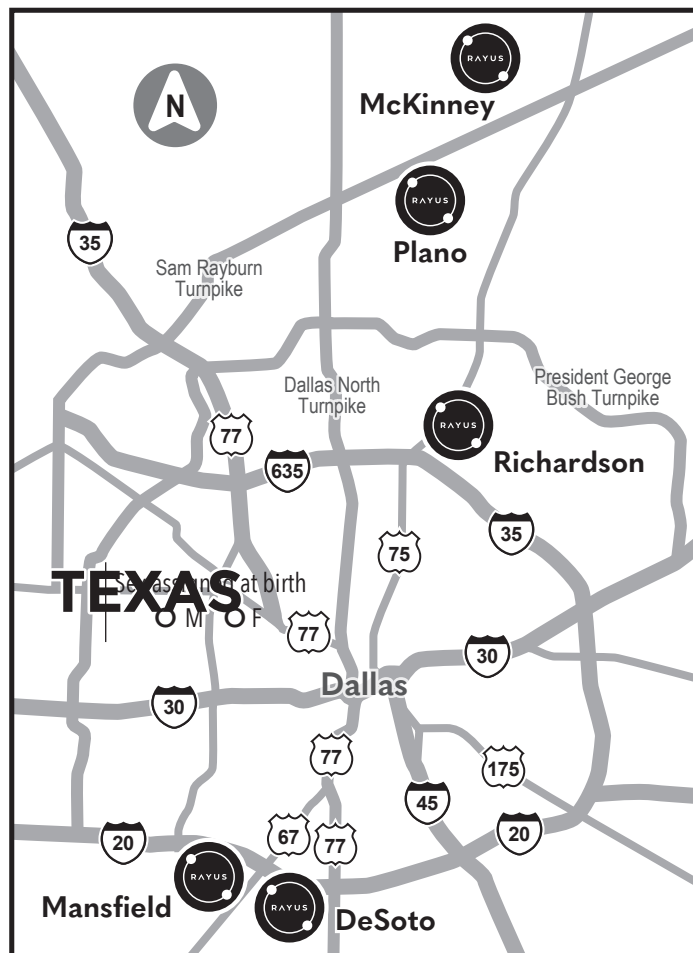
Does this patient have breast implants? ☐ No ☐ Yes

Where was previous mammogram performed? \_\_\_\_\_ Date \_\_\_\_\_

Patient consideration ☐ Sedation (administered by RAYUS Radiology) All patients receiving sedation require a driver.

Provider name (print)	Provider location <b>City/Zip</b>	Phone #	Fax #
Provider signature (required) <b>Do not use rubber stamp.</b>	NPI # (required for new providers)	Date	

For easy and convenient access to your patients report, ask us about access to our MPP.



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 cancer 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