

VASCULAR AND INTERVENTIONAL RADIOLOGY SERVICES

SCHEDULING

P: 952.738.4477

F: 952.738.4525

E: RAYUSVascularCare@RAYUSradiology.com

- Maplewood
- St. Louis Park
- Woodbury

See back for addresses

CDI VASCULAR CARE
IS NOW



PATIENT INFORMATION		Patient DOB		○ M ○ F
Patient name (as shown on insurance card)		Primary phone #		Secondary phone #
INSURANCE INFORMATION - Please bring all insurance information to appointment.				
Insurance name		Insurance ID #	Group #	Member #
Pre-authorization/Pre-certification #		<input type="radio"/> No pre-authorization/Pre-certification required		
Other				
(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.				

CONSULT FOR

- Peripheral artery disease (PAD) or Critical limb ischemia (CLI)
- Claudication
- Venous disease
- Varicose veins
- Leg swelling
- Non-healing lower extremity wound
- Uterine fibroids (UFE)
- Pelvic venous congestion syndrome
- Varicocele
- IVC filter placement
- Chest port
- Dialysis fistula maintenance
- Venous access
- Other _____
- _____
- _____

DIAGNOSTIC TESTING

- As determined by the vascular provider**
 - ABI with exercise
 - ABI without exercise
 - Venous ultrasound insufficiency study
 - Arterial ultrasound
 - Carotid ultrasound
 - Thoracic outlet ultrasound
- L R BIL
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 L R BIL
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REFERRING PROVIDER INFORMATION		
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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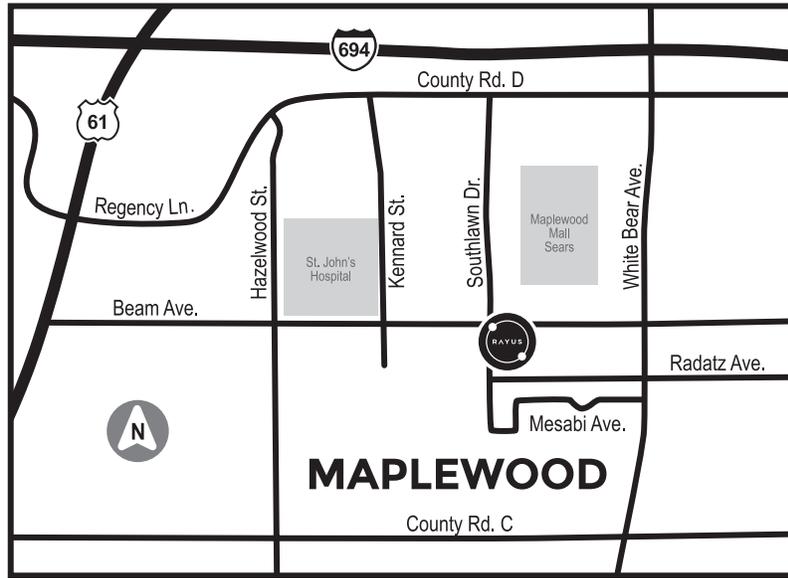
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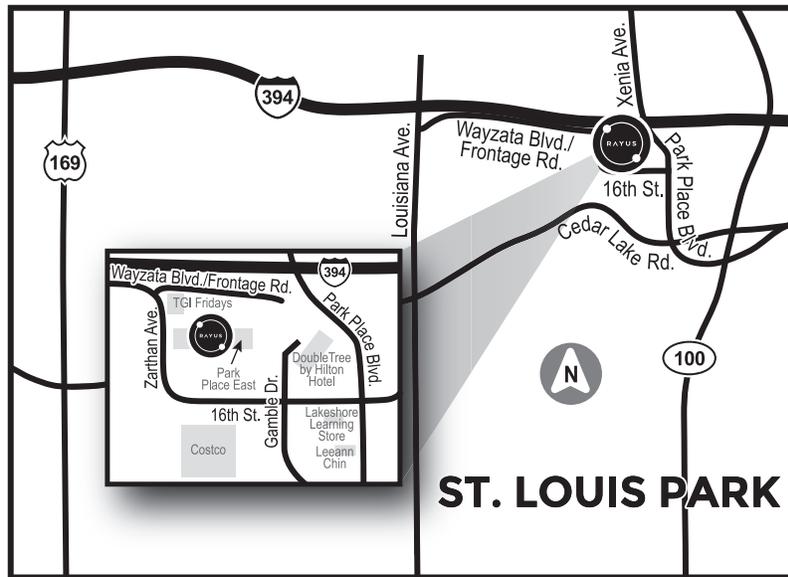
MAPLEWOOD

1790 Beam Ave.
Maplewood, MN 55109



ST. LOUIS PARK

5775 Wayzata Blvd., Suite 140
St. Louis Park, MN 55416



WOODBURY

6025 Lake Rd., Suite 130
Woodbury, MN 55125

