



DT18123

**Children's**SM

Healthcare of Atlanta

PET/CT **Egleston**

1405 Clifton Road

Atlanta, GA 30322

404-785-6078

FAX: 404-785-9082**ALL AREAS BELOW IN BOLD ARE REQUIRED**

Patient's FULL LEGAL Name	Date of Birth	Best Phone Number
Address	City, State	ZIP
Insurance/Medicaid Plan	Policy & Group#	
Authorization# <i>(Please also fax a copy of insurance card, front and back, with this order)</i>	Guarantor's Email	
Reason For Exam <i>(Signs, Symptoms, Chief Complaint)</i>		
Ordering Physician's Printed Name	Practice Name	
Ordering Physician's Signature	Office Contact	
Date/Time Signed	Backline Phone	Fax
PCP Name (if different):	PCP Fax	

SEDATION QUESTIONNAIRE

Developmental Delay? No Yes History of apnea or obstructive breathing (e.g. snoring)? No Yes
 Does this child require General Anesthesia? No Yes Previous complication with sedation? No Yes

PET PET CT Whole Body (head to toes) PET CT Brain**CT** **Contrast at Radiologist's Discretion** **Without Contrast** **With Contrast** **Without & With Contrast** Head Abdomen Other _____ Neck Abdomen/Pelvis Chest Pelvis

Special Instructions <input type="checkbox"/> Send CD with patient <input type="checkbox"/> Send Film with patient Date / Time Req: _____ Confirmed Appt: _____ Foster Child: <input type="checkbox"/> Yes Contact: _____	Order Comments / Other
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Visit choa.org/radiology for a list of CPT codes, ACR ordering guidelines, or to request/print additional forms.