Pediatric Imaging

Children's Healthcare of Atlanta

☐ STAT CALL REPORT_____

☐ Egleston	☐ Scottish Rite	☐ Webb Bridge	☐ Town Center	☐ Hughes Spalding
1405 Clifton Road	1001 Johnson Ferry Road	3155 North Point Pkwy	625 Big Shanty Road	35 Jesse Hill Dr. SE
Atlanta, GA 30322	Atlanta, GA 30342	Alpharetta, GA 30005	Kennesaw, GA 30144	Atlanta, GA 30303
404-785-6078	404-785-2787	404-785-9729	404-785-9729	404-785-9988
FAX: 404-785-9082	**FAX: 404-785-9062**	**FAX: 404-785-9175**	**FAX: 404-785-9175**	**FAX: 404-785-9972**

ALL AREAS IN BOLD ARE REQUIRED

Patient's FULL LEGAL Name: _____ **DOB:** _____ **Home Phone:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Guarantor E-mail: _____ **Cell Phone:** _____
Insurance/Medicaid Plan: _____ **Policy & Group #:** _____
Authorization #: _____ *(Please also fax copy of Insurance card, front & back, with this order)*
Reason For Exam *(Signs, Symptoms, Chief Complaint)*

REQUIRED
Ordering Physician's Signature

_____ **Office Contact:**_____

Print MD Name: _____ **Practice Phone:** _____

Date Signed : _____ **Backline Phone:** _____

Fax:_____

PCP Name (if different):_____ **PCP Fax:**_____

Special Instructions
☐ Send CD with patient ☐ Send Film with patient
☐ Schedule for (date/time) : _____

Order Comments / Other

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

X-RAY

❑ Neck Soft Tissue	❑ Shunt Series	❑ Shoulder (min 2 views)	
❑ Clavicle Complete	❑ Sinuses, <3/3+ views	❑ Humerus (min 2 views)	
❑ Chest (1/2 views)	❑ Skull, <4 views	❑ Elbow (2 views)	
❑ Infant Chest w/ Abdomen	❑ Joint Survey 1 views, (Rickets)	❑ Forearm (2 views)	❍ **LEFT**
❑ Ribs Unilateral 2 views	❑ C-Spine, 3 views or less	❑ Wrist (min 3 views)	
❑ Ribs Bilateral 3 views	❑ T Spine (2 views)	❑ Hand (min 3 views)	❍ **RIGHT**
❑ Ribs Bilateral w/ Chest (min 4 views)	❑ T-L Spine Scoliosis Standing	❑ Finger(s) (min 2 views)	
❑ Abdomen AP (KUB)	❑ L Spine, 2-3 views (complete)	❑ Femur (2 views)	❍ **BILATERAL**
❑ Abdomen 2V	❑ Skeletal Survey	❑ Knee (1/2 views)	
❑ Pelvis (1-2 views)	❑ Bone Age	❑ Tibia/Fibula (2 views)	
❑ Pelvis/Hip Infant/Child (2 views)	❑ Bone Length (i.e. scanogram)	❑ Ankle, 2/3 views	
❑ Nose-Rectum, foreign object	❑ Upper Extremity, Infant (min 2 views)	❑ Foot (min 3 views)	
	❑ Lower Extremity, Infant (min 2 views)	❑ Toe(s) (min 2 views)	

FLUOROSCOPY / OTHER

❑ Voiding Cystogram (with urine culture)	❑ Upper GI Series	❑ Therapeutic Enema
❑ Cystogram (non-voiding)	❑ Upper GI Series with Scout	❑ GI Tube Injection
❑ VCUG with Urodynamics	❑ UGI SBFT (esophagus thru colon)	❑ Cont Inject Eval CVA Line
❑ Esophagram	❑ Barium Enema	
❑ Airway Fluoro/Diaphragm	❑ Mod Barium Swallow (OPMS)	**OTHER**
		❑ DXA Bone Density (Egleston and Scottish Rite Only)

ULTRASOUND

❑ Retroperitoneal (Renal)	❑ Hips (Static) (less than 6 mos)	❑ Scrotum ☐ w/ Doppler	
❑ Kidney Transplant	Does child have harness? ❍ Y ❍ N	❑ Spinal Canal/Sacrum (< 5 mos)	
❑ Adrenals Only (LTD Retroperitoneal)	❑ Pelvis, non-OB	❑ Chest	
❑ Abdomen	❑ Doppler Transcranial (Hospital Only)	❑ Breasts	
❑ Doppler (Vascular Abd/Renal)	❑ Soft Tissue Head/Neck	❑ Extremity, non-vasc compl.	☐ L ☐ R
❑ Abdomen Limited (e.g. RUQ/Pyloric)	❑ Encephalogram (Cranial)	❑ Doppler (Vascular Extremity)	☐ L ☐ R

Visit choa.org/radiology for a list of CPT codes, ACR ordering guidelines, or to request/print additional forms.