DT18123

Children's℠ Healthcare of Atlanta

☐ STAT CALL REPORT _____

Pediatric Imaging

☐ **Egleston**
1405 Clifton Road
Atlanta, GA 30322
404-785-6078
FAX: 404-785-9082

☐ **Scottish Rite**
1001 Johnson Ferry Road
Atlanta, GA 30342
404-785-2787
FAX: 404-785-9062

☐ **Webb Bridge**
3155 North Point Pkwy,
Alpharetta, GA 30005
404-785-9729
FAX: 404-785-9175

☐ **Town Center**
625 Big Shanty Road,
Kennesaw, GA 30005
404-785-9729
FAX: 404-785-9175

☐ **Hughes Spalding**
35 Jesse Hill Dr. SE,
Atlanta, GA 30005
404-785-9988
FAX: 404-785-9972

☐ **Satellite Blvd (Ultrasound Only)**
2660 Satellite Blvd.,
Duluth, GA 30098
404-785-9729
FAX: 404-785-9175

ALL AREAS BELOW 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/Time 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 / Research Patient / Other?

X-RAY

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

❍ **LEFT**
❍ **RIGHT**
❍ **BILATERAL**

FLUOROSCOPY / OTHER

- ❑ Voiding Cystourethrogram (with urine culture)
- ❑ Voiding Cystourethrogram (no culture)
- ❑ Cystogram (non-voiding)
- ❑ Esophagram
- ❑ Airway Fluoro/Diaphragm
- ❑ Upper GI Series (thru duodenum)
- ❑ Upper GI Series with Scout
- ❑ UGI SBFT (esophagus thru colon)
- ❑ Barium Enema
- ❑ Therapeutic Enema
- ❑ Mod Barium Swallow (OPMS with speech therapist)
- ❑ GI Tube Injection
- ❑ Cont Inject Eval CVA Line

OTHER

- ❑ DXA Bone Density (Egleston and Scottish Rite Only)
- ❑ Other _____

ULTRASOUND

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

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