DT18123

Children's℠ Healthcare of Atlanta

☐ STAT CALL REPORT _____

Advanced 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** (CT only)
35 Jesse Hill Jr. Drive SE,
Atlanta, GA 30303
404-785-9988
FAX: 404-785-9972

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):* _____
DIAGNOSIS CODE (Need ICD-10, Description): _____

REQUIRED
Ordering Physician's Signature ****Please be sure to include Clinical Notes****

_____
Print Physician Name: _____
Date/Time Signed: _____

Office Contact: _____
Practice Phone: _____
Backline Phone: _____
Fax: _____
PCP Fax: _____

PCP Name (if different): _____

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

Order Comments / Research Patient / Other?

SEDATION QUESTIONNAIRE

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

PET

❍ **Sedation Possible** (<10yr)
❑ PET CT Whole Body ❑ PET CT Whole Body Gallium Dotatate ❑ PET CT Brain ❑ Other

MRI Orders

Contrast at Radiologist's Discretion ❑
❑ Brain
❑ Brain Limited
❑ Epilepsy Surgery
❑ MRS (Spectroscopy)
❑ Perfusion
❑ Functional MRI
❑ Brain/Orbits
❑ IAC/Temporal Bones
❑ Orbit
❑ Face
❑ Neck
❑ Upper Extremity (Humerus/Ulna/Radius/Hand) Left/Right
❑ Upper Extremity Joint (Shoulder/Elbow/Wrist) Left/Right
❑ Whole Body

Without Contrast ❑
❑ Chest
❑ Heart
❑ Heart with Stress
❑ Heart Velocity Flow Mapping (Cardiac)
❑ Heart Iron Quantification
❑ Abdomen
❑ Elastography
❑ Fetal
❑ Ferriscan
❑ Abdomen/Pelvis
❑ Pelvis
❑ Enterography
❑ Lower Extremity (Femur/TibFib/Foot) Left/Right
❑ Lower Extremity Joint (Knee/Ankle) Left/Right

With & Without Contrast ❑
❑ Urography
❑ Pelvis/Hip
❑ Cervical Spine
❑ Thoracic Spine
❑ Lumbar Spine
❑ Complete Spine
❑ Complete Spine with Contrast
❑ Brachial Plex without (Neuro)
❑ Brachial Plex without (Ortho)
❑ Arthrograms (WB/TC Only)
❑ Left/Right
  ❑ Shoulder
  ❑ Elbow
  ❑ Wrist
  ❑ Hip

❍ **MRA:** Brain / Neck / Chest / Abdomen / Pelvis / Extremity (upper/lower) _____ / Other _____
❍ **MRV:** Brain / Neck / Chest / Abdomen / Pelvis / Extremity (upper/lower) _____ / Other _____

CT

❍ **Contrast at Radiologist's Discretion**
❑ Head
❑ Orbit ❑ Sella ❑ Ear
❑ Maxillofacial / Sinus
❑ Neck
❑ Sinus CT Pre-Surgical

❍ **Without Contrast**
❑ Cervical Spine
❑ Thoracic Spine
❑ Lumbar Spine
❑ T / L Spine

❍ **With Contrast**
❑ Chest
❑ Abdomen
❑ Abdomen /Pelvis
❑ Pelvis
❑ Limited Hip (Spica)

❍ **Without & With Contrast**
❑ Upper Extremity _____ ☐ L ☐ R
❑ Lower Extremity _____ ☐ L ☐ R
❑ 3D Rendering
❑ Other _____

CT Angiography: ❑ Head ❑ Neck ❑ Chest ❑ Abdomen ❑ Abdomen/Pelvis

NUCLEAR MEDICINE (HOSPITAL ONLY)

❍ **Sedation Possible** (<8yr or Special Needs)
❑ Nuclear Cystogram
❑ Thyroid Scan w/Uptake-Multi (I-123)
❑ Thyroid Ablation
❑ HIDA ❑ with CCK
❑ Gastric Emptying Scan
❑ Meckels Scan
❑ GFR Height_____ Weight_____

❑ Kidney w/ Lasix (MAG3)
❑ Kidney w/o Lasix (MAG3)
❑ Kidney, Static (DMSA)
❑ Lung Scan Perfusion
❑ Lung Scan Ventil & Perfusion
❑ CSF Shunt Evaluation
❑ Brain Scan w/ SPECT

❑ Bone Scan ❑ w/ SPECT
❑ 3 Phase Bone Scan (specify area) _____
❑ DXA Bone Density
❑ MIBG Whole Body SPECT/CT
❑ Salivagram
❑ Liver/Spleen
❑ Other _____

Interventional Radiology and PET Order Forms available at http://www.choa.org/Radiology

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

*Children's Healthcare of Atlanta at Hughes Spalding is owned by the Fulton-DeKalb Hospital Authority and managed by HSOC Inc., an affiliate of Children's.