DT18123

Children's Healthcare of Atlanta

☐ STAT CALL REPORT ___________

Advanced Pediatric Imaging

☐ Arthur M. Blank	☐ Scottish Rite	☐ Webb Bridge	☐ Town Center	☐ *Hughes Spalding (CT only)
2220 N Druid Hills Road NE	1001 Johnson Ferry Road	3155 North Point Pkwy,	625 Big Shanty Road,	35 Jesse Hill Jr. Drive SE,
Atlanta, GA 30329	Atlanta, GA 30342	Alpharetta, GA 30005	Kennesaw, GA 30005	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 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: ______________
PCP Name (if different): ______________

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

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

MRI

Neurology
❑ Brain ❑ Sella/Brain
❑ Limited Ventricle Check
❑ Seizure Brain
❑ MRS (Spectroscopy)
❑ Perfusion
❑ Functional
❑ Brain & Optic Pathway
❑ IAC
❑ Mastoids/Skull Base
❑ Neuro Brachial Plexus
❑ Orbits ❑ Face ❑ Neck
❑ C Spine ❑ T Spine ❑ L Spine

Body
❑ Abdomen
❑ Pelvis
❑ Abdomen & Pelvis
❑ Elastrography
❑ Enterography
❑ Urography
❑ Ferriscan
❑ Bone Marrow
❑ Whole Body (CNO/CRMO, Cancer Screening or Vascular Malformation

Cardiac
❑ Chest
❑ Heart w/Stress
❑ Heart Velocity/ Flow Mapping
❑ Heart Iron Quantification

Fetal
❑ Neuro
❑ Body
❑ MRI Placenta

MSK

Upper Extremities
❑ Shoulder ☐ L ☐ R
❑ Clavicle ☐ L ☐ R
❑ Sternum ☐ L ☐ R
❑ Humerus ☐ L ☐ R
❑ Elbow ☐ L ☐ R
❑ Forearm ☐ L ☐ R
❑ Wrist ☐ L ☐ R
❑ Hand ☐ L ☐ R
❑ Finger ☐ L ☐ R
❑ Thumb ☐ L ☐ R

Lower Extremities
❑ Pelvis ☐ L ☐ R
❑ Hip ☐ L ☐ R
❑ Femur ☐ L ☐ R
❑ Knee ☐ L ☐ R
❑ Tib/Fib ☐ L ☐ R
❑ Ankle/Hindfoot ☐ L ☐ R
❑ Whole Foot ☐ L ☐ R
❑ Midfoot ☐ L ☐ R
❑ Forefoot/Toes ☐ L ☐ R

Arthrograms
❑ Shoulder ☐ L ☐ R
❑ Knee ☐ L ☐ R
❑ Hip ☐ L ☐ R
❑ Wrist ☐ L ☐ R
❑ Elbow ☐ L ☐ R

❑ Glenoid Dysplasia/ MSK Brachial Plexus ☐ L ☐ R

MRA ❑ Head ❑ Neck ❑ Chest ❑ Abdomen ❑ Pelvis ❑ Entire Arm ❑ Entire Leg ❑ L ❑ R Other: ______________
MRA ❑ Head ❑ Neck ❑ Chest ❑ Abdomen ❑ Pelvis ❑ Entire Arm ❑ Entire Leg ❑ L ❑ R Other: ______________

○ **With Contrast** ○ **Without Contrast** ○ **With & Without Contrast** ○ **Radiologist Discretion**

PET

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

CT

○ **With Contrast** ○ **Without Contrast** ○ **With & Without Contrast** ○ **Radiologist Discretion**

❑ Head
❑ Orbit ❑ Sella ❑ Ear
❑ Maxillofacial / Sinus
❑ Neck
❑ Sinus CT Pre-Surgical

❑ Cervical Spine
❑ Thoracic Spine
❑ Lumbar Spine
❑ T / L Spine

❑ Chest
❑ Abdomen
❑ Abdomen /Pelvis
❑ Pelvis
❑ Limited Hip (Spica)

❑ 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.