PET/CT Children's Healthcare of Atlanta

☐ **Egleston**
1405 Clifton Rd, Atlanta
404-785-6078
FAX: 404-785-9082

21404-02

CHOA MR#:_____

REQUIRED

Please Print

Patient's FULL LEGAL Name:_____**DOB:**_____**Sex:** ☐ **M** ☐ **F**

Parent/Guard. Name: _____ Phone:_____Cell/Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Guarantor Name:_____ Guarantor DOB: _____Guarantor Sex: ☐ M ☐ F

Guarantor Phone:_____Relationship to Patient:_ _____

Insurance/Medicaid Plan: _____ Policy & Group #:_____

Authorization #: _____ICD-9:_____ ☑ If available & legible, please also fax copy of Insurance card

History & Medical Necessity **Please Use Signs, Symptoms, Abnormal Test Results** (**Do NOT Use: R/O, F/U, Possible, Suspected, or Probable)**

REQUIRED

Clinical Indication (Choose One) ☐ **Diagnosis** ☐ **Initial Staging** ☐ **Restaging and/or response** ☐ **Pre-Surgical Planning**

Ordering Physician's Signature (REQUIRED)

_____

Print MD Name: _____

Date Signed (REQUIRED): _____

Office Contact: _____

Practice Name: _____

Backline Phone: _____

Fax: _____

Sedation Questionnaire for PET/CT

Sedation ☐ Based on Child's Age ☐ Developmental Delay, Special Need

☐ General Anesthesia (Referring MD should also consult directly with Anesthesiologist)

1) History of apnea or obstructive breathing (ie snoring)? ☐ No ☐ Yes

2) Previous complication with sedation? ☐ No ☐ Yes

3) Less than 6 months old? ☐ No ☐ Yes

SPECIFY THE EXAM

☐ PET CT Whole Body (head to toes)	CPT 78816
☐ PET CT Brain	CPT 78814
☐ PET Only Brain	CPT 78811
☐ PET Only Brain, pre-surgical evaluation of refractory seizures, brain tumor	CPT 78608

Diagnostic CT (to be performed SAME DAY as PET/CT or PET)

	CT: Head, Face, Neck, Sinus, 3D			CT: Abdomen, Pelvis, Chest			CT: Other Exams	
	CT Head w/o contrast	70450		Abd/Pel w/ (Entire Abd Cavity)	74177			
	CT Neck w/ contrast	70491		Chest/Abd/Pel w/	71260, 74177			

Date/Time Req.: _____

Confirmed Appt: _____

Stat Call Report: ☐ Yes – Phone: _____

Image: ☐ CD ☐ None

Foster Child: ☐ Yes Contact: _____

Other Exams/Comments

Office Use Only: