Radiology
Children's Healthcare of Atlanta

☐ Egleston	☐ Scottish Rite	☐ Webb Bridge	☐ Hughes Spalding
1405 Clifton Rd, Atlanta, GA 30322	1001 Johnson Ferry Rd. Atlanta, GA 30342	3155 NorthPoint Pkwy, Alpharetta, GA 30005	35 Jesse Hill Dr. SE Atlanta, GA 30303
404-785-6078	404-785-2787	404-785-SCAN (7226)	404-785-9988
FAX: 404-785-9082	**FAX: 404-785-9062**	**FAX: 404-785-9175**	**FAX: 404-785-9972**

REQUIRED

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

Guarantor E-mail: _____ Previous Children's patient? ☐ Y ☐ N

Please Print

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

REQUIRED

Ordering Physician's Signature (REQUIRED) _____

Print MD Name: _____

Date Signed (REQUIRED): _____

PCP Name (if different):

Office Contact: _____

Practice Name: _____

Backline Phone: _____

Fax: _____

PCP Fax:

☑	X-Ray: Neck, Chest, Abd, Pel			X-Ray: Extremities (shoulder to toes)		☑	X-Ray Head, Spine & Other	
	Neck Soft Tissue	70360	☐ L ☐ R	Shoulder (min 2 views)	73030		Shunt Series	74020, 70250, 71020
☐ L ☐ R	Clavicle Complete	73000	☐ L ☐ R	Humerus (min 2 views)	73060		Sinuses, <3/3+ views	70210, 70220
	Chest (1/2 views)	71010, 71020	☐ L ☐ R	Elbow (2 views)	73070		Skull, <4 views	70250
	Infant Chest w/ Abdomen	74000, 71010	☐ L ☐ R	Forearm (2 views)	73090		Joint Survey 1 views, (Rickets)	77077
☐ L ☐ R	Ribs Unilateral 2 views	71100	☐ L ☐ R	Wrist (min 3 views)	73110		C-Spine, 2 or 3 views	72040
	Ribs Bilaterial 3 views	71110	☐ L ☐ R	Hand (min 3 views)	73130		L Spine, 2-3 views (complete)	72100
	Ribs Bilateral w/ Chest (min 4 views)	71111	☐ L ☐ R	Finger(s) (min 2 views)	73140		T-L Spine Scoliosis Standing	72069
	Abdomen AP/Decub/Erect	74020	☐ L ☐ R	Femur (2 views)	73550		T-L Spine (2 views)	72080
	Abdomen AP (KUB)	74000	☐ L ☐ R	Knee (1/2 views)	73560		T-Spine (2 views)	72070
	Pelvis (1-2 views)	72170	☐ L ☐ R	Tibia/Fibula (2 views)	73590		Skeletal Survey	77075, 77076
☐ L ☐ R	Pelvis/Hip Infant/Child (2 views)	73540	☐ L ☐ R	Ankle, 2/3 views	73600, 73610		Bone Age	77072
	Nose-Rectum, foreign object	76010	☐ L ☐ R	Foot (min 3 views)	73630		Bone Length (i.e. scanogram)	77073
			☐ L ☐ R	Toe(s) (min 2 views)	73660			
	Fluoroscopy: Available @ All Locations						**Fluoroscopy: Available @ Hospitals Only**	
	Voiding Cystogram	51600, 74455		Upper GI Series (thru duodenum)	74240-74241		Therapeutic Enema	74283
	Urine Culture (from catheter)	87088		Upper GI Series through Tube	74240-74241		G-Tube Check	74240
	Cystogram (non-voiding)	74430		UGI SBFT (esoph thru colon)	74245		Inject Contrast Check Line	36598
	Esophagram	74220		Barium Enema	74270			
	Airway Fluoro/Diaphragm	70370		Mod Barium Swallow OPMS	74230			
	Ultrasound							
	Retroperitoneal (Renal)	76770		Hips (Dynamic)	76885		Scrotum 76870 ☐ w/ Doppler	93975
	Kidney Transplant	76776		Hips (Static)	76886		Spinal Canal/Sacrum	76800
	Adrenals Only (LTD Retroperitoneal)	76775		Does child have harness? ☐ Y ☐ N			Chest	76604
	Abdomen	76700		Pelvis, non-OB	76856	☐ L ☐ R	Breast(s)	76645
	Doppler (Vascular Abd/Renal)	93975		Doppler Transcranial (Hospital Only)	93886	☐ L ☐ R	Extremity,non-vasc compl.(ie mass)	76881
	Abdomen Limited (ie RUQ/Pyloric)	76705		Soft Tissue Head/Neck	76536	☐ L ☐ R	Doppler (Vascular Extremity)	93971
				Encephalogram (Cranial)	76506			
	Nuclear Medicine (Available at Egleston & Scottish Rite Only)							
	Sedation Possible <5yr or Special Need			Meckels Scan	78290		Brain Scan w/ SPECT	78607
	DEXA Bone Density	77080		Kidney w/ Lasix (MAG3/DTPA)	78708		Bone Scan ☐ w/ SPECT (78320)	78306
	Nuclear Cystogram	78740, 51701		Kidney w/o Lasix (MAG3/DTPA)	78707		3 Phase Bone Scan (specify area)	78315
	Urine Culture	87088		Kidney, Static (DMSA)	78700		CSF Shunt Evaluation	78645
	HIDA ☐ 78226 ☐ w/ CCK	78227		Thyroid Scan Multi-Uptake (I-123)	78007		MIBG Whole Body SPECT	78802, 78804, 78803
	Gastric Emptying Scan	78264		GFR Height_____ Weight_____	78725			

Interventional Radiology - Call Directly To Schedule Egleston: 404-785-2077 Scottish: 404-785-4775

GJ Tube ☐ New :49440,49442 ☐Convert:49446 ☐Chg:49450,49452 | Biopsy ☐ Renal 50200 ☐ Liver 47000 Imaging: 77012 CT, 76942 US, 77002 Fluoro

Date/Time Req.: _____ ☐ Parent Will Schedule

Add Patient to Wait List: ☐ Urgent List ☐ Routine List

Call Report: ☐ Yes – Phone: _____

Image: ☐ CD ☐ Film ☐ None

Foster Child: ☐ Yes Contact: _____

Order for Other Exams Not Listed/Comments: