



Egleston
1405 Clifton Road

## □ Scottish Rite

1405 Clifton Road Atlanta, GA 30322 404-785-2079 **FAX: 404-785-6209**  1001 Johnson Ferry Road Atlanta, GA 30342 404-785-4775 **FAX: 404-785-4713** 

ALL AREAS BELOW IN BOLD ARE REQUIRED

Patient's FULL LEGAL Name		Date of Birth	Pł	none Number	
Address		City, State		ZIP	
		city, state			
Insurance/Medicaid Plan		Policy & Group#			
Authorization# (Please also fax a copy of insurar	Guarantor's Email				
Reason For Exam (Signs, Symptoms, Chief Complaint)					
Exam to be Completed					
(If procedure is a Lumbar Puncture, Please notate below if opening/closing pressures are necessary along with CSF samples or CSF samples alone.)					
Lab Orders					
(If any specimens are to go to the lab, please place Lab Orders below. If this section is not completed, no studies will be completed by the lab.)					
ALL OFFICE CONTACT INFORMATION REQUESTED IS MANDATORY					
Ordering Physician's Printed Name		Practice Name			
Ordering Physician's Signature		Office Contact			
		enite contact			
			-		
Date/Time Signed		Backline Phone	Fax	x	
PCP Name (if different):	CP Name (if different): PCP Fax				

## **Interventional Radiology**

Order Comments / Other

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