MRI/CT: Neurology

Children's Healthcare of Atlanta

☐ Egleston	☐ Scottish Rite	☐ Webb Bridge	☐ Town Center
1405 Clifton Rd, Atlanta, GA 30322	1001 Johnson Ferry Rd. Atlanta, GA 30342	3155 NorthPoint Pkwy, Alpharetta, GA 30005	695 Big Shanty Road Kennesaw, GA 30144
404-785-6078	404-785-2787	404-785-SCAN (7226)	404-785-4RAD (4723)
FAX: 404-785-9082	**FAX: 404-785-9062**	**FAX: 404-785-9175**	**FAX: 404-785-9175**

REQUIRED

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

Parent/Guardian's 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 #: _____

Please Print

DIAGNOSIS:

REQUIRED

ICD-9:_____ ICD-9 Description:_____

Ordering Physician's Signature (REQUIRED)

_____

Print MD Name:_____

Date Signed (REQUIRED): _____

PCP Name: _____

PCP Fax: _____

Ordering Practice & Address:

Office Phone:

Office Contact:

Office Fax:

Office E-mail:

MRI & CT

Sedation Questionnaire for MRI or 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

MRI & MRA/MRV Head/Neck				MRI Spine		CT: Head, Face, Neck, Sinus, 3D, Spine	
☐	MRI Epilepsy Surgery Protocol		70551	MRI Spine Cervical w/o	72141	CT Head w/o contrast	70450
☐	MRI Brain w/o		70551	MRI Spine Cervical with	72142	CT Head with contrast	70460
☐	MRI Brain with		70552	MRI Spine Cervical with & w/o	72156	CT Head with & w/o contrast	70470
☐	MRI Brain with & w/o		70553	MRI Spine Thoracic w/o	72146	CT Angiography Head	70496
☐	Brain w/o	☐ MRA ☐ MRV	70544	MRI Spine Thoracic with	72147	CT Orbit/Sella/Ear w/o contrast	70480
☐	Brain with	☐ MRA ☐ MRV	70545	MRI Spine Thoracic with & w/o	72157	CT Orbit/Sella/Ear with contrast	70481
☐	Brain with & w/o	☐ MRA ☐ MRV	70546	MRI Spine Lumbar w/o	72148	CT Maxillofacial/Sinus w/o contrast	70486
☐	MRI w/o	☐ Orbit ☐ Face ☐ Neck	70540	MRI Spine Lumbar with	72149	CT Maxillofacial with contrast	70487
☐	MRI with	☐ Orbit ☐ Face ☐ Neck	70542	MRI Spine Lumbar with & w/o	72158	CT Sinus Limited (Egleston only)	76380
☐	MRI with & w/o	☐ Orbit ☐ Face ☐ Neck	70543	Complete Spine w/o	72141,72146,72148	CT Neck with contrast	70491
☐	Neck w/o	☐ MRA ☐ MRV	70547	Complete Spine with	72142,72147,72149	CT Angiography Neck	70498
☐	Neck with	☐ MRA ☐ MRV	70548	Complete Spine with & w/o	72156,72157,72158	CT Cervical Spine w/o contrast	72125
						CT Thoracic Spine w/o contrast	72128
						CT Lumbar Spine w/o contrast	72131
						3D Rendering/Equipment Console	76376

CLINICAL INDICATIONS (check all that apply)

Trauma ☐ Y ☐ N

Medical Justification/Reason for Exam/History:

Physical Exam/Symptoms:

- ☐ Headache
- ☐ Dizziness
- ☐ Seizure
- ☐ Gait Abnormality
- ☐ Visual Changes
- ☐ Hearing Loss
- ☐ Nausea/Vomiting
- ☐ Tinnitus
- ☐ Tingling
- ☐ Numbness
- ☐ Auto-Immune Disease
- ☐ History of Cancer
- ☐ Mass in _____ (location)
- ☐ Aneurysm
- ☐ Back Pain
- ☐ Loss of Bladder/Bowel Control

If Headaches, How long? _____ **Weeks**

Date of New Onset of Symptoms:

Other indications not listed above:

MEDICATIONS:

Name: _____ Date Started: _____ Currently Taking: ☐ Y ☐ N

Name: _____ Date Started: _____ Currently Taking: ☐ Y ☐ N

Name: _____ Date Started: _____ Currently Taking: ☐ Y ☐ N

Date/Time Req.: _____

Stat Call Report: ☐ Yes – Phone:

Image: ☐ CD ☐ Film ☐ None

Foster Child: ☐ Yes Contact:_____

Notes/Comments/Additional Exams: