



DT18123



Children's
Healthcare of Atlanta

☐ **CALL REPORT**

Pediatric Imaging

☐ **Arthur M. Blank**
2220 N Druid Hills RD NE
Atlanta, GA 30329
404-785-2787
FAX: 404-785-9082

☐ **Scottish Rite**
1001 Johnson Ferry Road
Atlanta, GA 30342
404-785-2787
FAX: 404-785-9062

☐ **Webb Bridge**
3155 North Point Pkwy,
Alpharetta, GA 30005
404-785-9729
FAX: 404-785-9175

☐ **Town Center**
625 Big Shanty Road,
Kennesaw, GA 30144
404-785-9729
FAX: 404-785-9175

☐ **Hughes Spalding***
35 Jesse Hill Dr. SE,
Atlanta, GA 30303
404-785-9988
FAX: 404-785-9972

☐ **Satellite Blvd
(Fluoro Unavailable)**
2660 Satellite Blvd.,
Duluth, GA 30098
404-785-9729
FAX: 404-785-9175

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

******Please be sure to include Clinical Notes******

Ordering Physician's Signature: _____

Print Physician Name: _____

Date/Time Signed: _____

Office Contact: _____

Practice Phone: _____

Backline Phone: _____

Fax: _____

PCP Fax: _____

PCP Name (if different): _____

Is the patient a foster child? _____

Special Instructions

☐ Send CD with patient

☐ Schedule for (date/time): _____

Order Comments / Research Patient / Other?

X-RAY

- ☐ Neck Soft Tissue
- ☐ Clavicle Complete
- ☐ Chest (1/2 views)
- ☐ Infant Chest w/ Abdomen
- ☐ Ribs Bilateral 3 views
- ☐ Ribs Bilateral w/ Chest (min 4 views)
- ☐ Abdomen AP (KUB)
- ☐ Abdomen 2V
- ☐ Pelvis (1-2 views)
- ☐ Nose-Rectum, foreign object
- ☐ Shunt Series
- ☐ Sinuses, <3/3+ views
- ☐ Skull, <4 views

- ☐ Nasal Bones
- ☐ Joint Survey 1 view, (Rickets)
- ☐ C-Spine, 2 or 3 views
- ☐ T Spine (2 views)
- ☐ Scoliosis
- ☐ L-Spine, 2-3 views (complete)
- ☐ Sacrum/Coccyx (2 views)
- ☐ Skeletal Survey
- ☐ Bone Age
- ☐ Bone Length (i.e. scanogram)
- ☐ Shoulder (min 2 views)
- ☐ Humerus (min 2 views)
- ☐ Elbow (2 views)

- ☐ Forearm (2 views)
- ☐ Wrist (min 3 views)
- ☐ Hand (min 3 views)
- ☐ Finger(s) (min 2 views)
- ☐ Femur (2 views)
- ☐ Knee (min 2 view)
- ☐ Tibia/Fibula (2 views)
- ☐ Ankle, 2/3 views
- ☐ Foot (min 2 views)
- ☐ Toe(s) (min 2 views)

☐ **LEFT**

☐ **RIGHT**

☐ **BILATERAL**

FLUOROSCOPY / OTHER

- ☐ Voiding Cystourethrogram (with urine culture)
- ☐ Voiding Cystourethrogram (no culture)
- ☐ Cystogram (non-voiding)
- ☐ Esophagram

- ☐ Airway Fluoro/Diaphragm
- ☐ Upper GI Series (thru duodenum)
- ☐ Upper GI Series with Scout
- ☐ UGI SBFT (esophagus thru colon)
- ☐ Barium Enema

- ☐ Mod Barium Swallow (OPMS with speech therapist)
- ☐ GI Tube Injection
- ☐ Cont Inject Eval CVA Line

OTHER

- ☐ DXA Bone Density (AMB and Scottish Rite Only)
- ☐ Other _____

ULTRASOUND

- ☐ Abdomen Complete ☐ w/Doppler
- ☐ Elastography
- ☐ Abdomen Limited
 - ☐ RUQ ☐ Intussusception
 - ☐ Pylorus ☐ Appendix
 - ☐ Other _____
- ☐ Retroperitoneal (Renal) ☐ w/Doppler
- ☐ Kidney Transplant
- ☐ Pelvis Non/OB ☐ w/Doppler
- ☐ Scrotum ☐ w/Doppler

- ☐ Breast Complete ☐ R ☐ L ☐ Bil
- ☐ Joint Effusion _____
- ☐ Thyroid
- ☐ Soft Tissue Head/Neck (Mass/Node)
- ☐ Soft Tissue Extremity
- ☐ Soft Tissue Abdomen
- ☐ Soft Tissue Pelvis
- ☐ Soft Tissue Chest
- ☐ Contrast ☐ CEVUS ☐ CEUS
- ☐ TCD Hospital Only (HgbSS/SC)

Doppler Vascular

- ☐ Aorta/IVC/SMA/MALS
- ☐ Venous ☐ Up ☐ Low ☐ R ☐ L ☐ Bil
- ☐ Arterial ☐ Up ☐ Low ☐ R ☐ L ☐ Bil
- ☐ Doppler IJV/Carotid ☐ R ☐ L ☐ Bil

Infant Only

- ☐ Hips (<6 mos) ☐ Dynamic ☐ Static
- Does child have a harness? ☐ Y ☐ N
- ☐ Spine (<4 mos)
- ☐ Encephalogram (Cranial/Brain <12 m)