

□ Kidney Transplant

□ Scrotum

□ Pelvis Non/OB □ w/Doppler

w/Doppler



STAT CALL REPORT

Pediatric Imaging Arthur M. Blank Scottish Rite Webb Bridge Town Center Satellite Blvd Hughes Spalding* 3155 North Point Pkwy, 35 Jesse Hill Dr. SE, Atlanta, GA 30005 2220 N Druid Hills RD NE 1001 Johnson Ferry Road 625 Big Shanty Road, Kennesaw, GA 30005 (Ultrasound Only) Atlanta, GA 30329 Atlanta, GA 30342 Alpharetta, GA 30005 2660 Satellite Blvd., 404-785-9988 404-785-6078 404-785-2787 404-785-9729 404-785-9729 Duluth, GA 30098 FAX: 404-785-9082 FAX: 404-785-9062 FAX: 404-785-9175 FAX: 404-785-9175 FAX: 404-785-9972 404-785-9729 FAX: 404-785-9175 ALL AREAS BELOW IN BOLD ARE REQUIRED Patient's FULL LEGAL Name: DOB: Home Phone: _____ City: _____ State: _____ Zip: _____ Address: Cell Phone: _____ Guarantor E-mail: Insurance/Medicaid Plan: Policy & Group #: (Please also fax copy of Insurance card, front & back, with this order) Authorization#: Reason For Exam (Signs, Symptoms, Chief Complaint) Diagnosis Code (Need ICD-10, Description): REQUIRED Ordering Physician's Signature ****Please be sure to include Clinical Notes**** Office Contact: Print Physician Name: _____ Practice Phone: Date/Time Signed: _____ Backline Phone: _____ Fax: _____ PCP Name (if different): _____ PCP Fax: _____ **Special Instructions** Order Comments / Research Patient / Other? □ Send CD with patient Schedule for (date/time): X-RAY Neck Soft Tissue Nasal Bones □ Forearm (2 views) □ Wrist (min 3 views) □ Clavicle Complete □ Joint Survey 1 view, (Rickets) ☐ Hand (min 3 views) □ Chest (1/2 views) C-Spine, 2 or 3 views **O LEFT** □ Infant Chest w/ Abdomen □ T Spine (2 views) Finger(s) (min 2 views) Femur (2 views) Ribs Bilateral 3 views □ Scoliosis **O RIGHT** □ Ribs Bilateral w/ Chest (min 4 views) L-Spine, 2-3 views (complete) □ Knee (min 2 view) Abdomen AP (KUB) ☐ Tibia/Fibula (2 views) □ Sacrum/Coccyx (2 views) **O BILATERAL** □ Abdomen 2V Ankle, 2/3 views Skeletal Survey Pelvis (1-2 views) Bone Age □ Foot (min 2 views) □ Nose-Rectum, foreign object Bone Length (i.e. scanogram) □ Toe(s) (min 2 views) □ Shunt Series □ Shoulder (min 2 views) □ Sinuses, <3/3+ views Humerus (min 2 views □ Skull, <4 views Elbow (2 views) **FLUOROSCOPY / OTHER** □ Voiding Cystourethrogram (with □ Airway Fluoro/Diaphragm □ Mod Barium Swallow (OPMS with speech therapist) Upper GI Series (thru duodenum) □ GI Tube Injection urine culture) □ Cont Inject Eval CVA Line □ Voiding Cystourethrogram (no Upper GI Series with Scout UGI SBFT (esophagus thru colon) culture) OTHER Cystogram (non-voiding) Barium Enema DXA Bone Density (Egleston and Scottish Rite Only) Other _____ Esophagram ULTRASOUND □ Abdomen Complete □ w/Doppler □ Breast Complete □ R □ L □ Bil Doppler Vascular Joint Effusion _____ Aorta/IVC/SMA/MALS Elastography □ Venous □ Up □ Low □ R □ L □ Bil Abdomen Limited ☐ Thyroid □ Arterial □ Up □ Low □ R □ L □ Bil □ RUQ □ Intussusception Soft Tissue Head/Neck (Mass/Node) Doppler IJV/Carotid DR L Bil □ Pylorus □ Appendix □ Soft Tissue Extremity Infant Only Other _____ □ Soft Tissue Abdomen □ Retroperitoneal (Renal) □ w/Doppler □ Hips (<6 mos) □ Dynamic □ Static □ Soft Tissue Pelvis Does child have a harness?
Y N

> □ Contrast □ CEVUS □ CEUS □ Spine (<4 mos) □ Encephalogram (Cranial/Brain <12 m) □ TCD Hospital Only (HgbSS/SC)

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

*Children's Healthcare of Atlanta at Hughes Spalding is owned by the Fulton-DeKalb Hospital Authority and managed by HSOC Inc., an affiliate of Children's. 22405-24 05/23

□ Soft Tissue Chest