



DT18123



STAT CALL REPORT

Advanced Pediatric Imaging

Egleston
1405 Clifton Road
Atlanta, GA 30322
404-785-6078
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 30005
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)

REQUIRED
Ordering Physician's Signature

Print MD Name: _____ Office Contact: _____
Date/Time Signed: _____ Practice Phone: _____
PCP Name (if different): _____ Backline Phone: _____
Fax: _____
PCP Fax: _____

Special Instructions
Send CD with patient Send Film with patient
Schedule for (date/time): _____

Order Comments / Research Patient / Other?

SEDATION QUESTIONNAIRE

Developmental Delay? No Yes History of apnea or obstructive breathing (e.g. snoring)? No Yes
Does this child require General Anesthesia? No Yes Previous complication with sedation? No Yes

MRI

Contrast at Radiologist's Discretion Without Contrast With Contrast Without & With Contrast
Brain Chest Cervical Spine Arthrograms
Brain Limited (shunt check) Heart Thoracic Spine L R
Epilepsy Surgery Protocol Heart with Stress Lumbar Spine Shoulder
MRS (Spectroscopy) Heart Velocity Flow Mapping (cardiac) Complete Spine Elbow
Perfusion MRI Heart Iron Quantification Brachial Plex w/o Neuro Wrist
Functional MRI Abdomen Brachial Plex w/o Shoulder
ORBIT/ FACE/ NECK: Fetal Upper Extremity Bone L R
Orbit Abdomen /Pelvis Upper Extremity Joint L R
Face Pelvis Lower Extremity Bone L R
Neck Ferriscan (Liver Iron) Lower Extremity Joint L R
Temporal Enterography Renal Study
MRA: Brain Neck Chest Abdomen Pelvis Extremity (upper/lower) Other
MRV: Brain Neck Chest Abdomen Pelvis Extremity (upper/lower) Other

CT

Contrast at Radiologist's Discretion Without Contrast With Contrast Without & With Contrast
Head Cervical Spine Chest Upper Extremity
Orbit Sella Ear Thoracic Spine Lower Extremity L R
Maxillofacial / Sinus Lumbar Spine Pelvis 3D Rendering
Neck T / L Spine Limited Hip (Spica) Other

CT Angiography: Head Neck Chest Abdomen Abdomen/Pelvis

NUCLEAR MEDICINE (HOSPITAL ONLY)

Sedation Possible (<5yr or Special Needs)
Nuclear Cystogram GFR Height Weight CSF Shunt Evaluation
Thyroid Scan w/Uptake-Multi (I-123) Kidney w/ Lasix (MAG3/DTPA) Brain Scan w/ SPECT
HIDA with CCK Kidney w/o Lasix (MAG3/DTPA) Bone Scan w/ SPECT
Gastric Emptying Scan Kidney, Static (DMSA) 3 Phase Bone Scan (specify area)
Meckels Scan Lung Scan Perfusion DXA Bone Density (Egleston and Scottish Rite Only)
Lung Scan Ventil & Perfusion MIBG Whole Body SPECT

Interventional Radiology and PET Order Forms available at http://www.choa.org/Radiology

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