



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

_____ **Office Contact:** _____
Print MD Name: _____ **Practice Phone:** _____
Date/Time Signed: _____ **Backline Phone:** _____
PCP Name (if different): _____ **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**
- Brain
- Brain Limited (shunt check)
- Epilepsy Surgery Protocol
- MRS (Spectroscopy)
- Perfusion MRI
- Functional MRI
- ORBIT/ FACE/ NECK:**
- Orbit
- Face
- Neck
- Temporal
- Without Contrast**
- Chest
- Heart
- Heart with Stress
- Heart Velocity Flow Mapping (cardiac)
- Heart Iron Quantification
- Abdomen
- Fetal
- Abdomen /Pelvis
- Pelvis
- Ferriscan (Liver Iron)
- Enterography
- Renal Study
- With Contrast**
- Cervical Spine
- Thoracic Spine
- Lumbar Spine
- Complete Spine
- Brachial Plex w/o Neuro
- Brachial Plex w/o Shoulder
- Upper Extremity Bone _____ L R
- Upper Extremity Joint _____ L R
- Lower Extremity Bone _____ L R
- Lower Extremity Joint _____ L R
- Without & With Contrast**
- Arthrograms**
- L R
- Shoulder
- Elbow
- Wrist
- 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**
 - Head
 - Orbit Sella Ear
 - Maxillofacial / Sinus
 - Neck
 - Without Contrast**
 - Cervical Spine
 - Thoracic Spine
 - Lumbar Spine
 - T / L Spine
 - With Contrast**
 - Chest
 - Abdomen
 - Abdomen /Pelvis
 - Pelvis
 - Limited Hip (Spica)
 - Without & With Contrast**
 - Upper Extremity _____ L R
 - Lower Extremity _____ L R
 - 3D Rendering
 - Other _____
- CT Angiography:** Head Neck Chest Abdomen Abdomen/Pelvis

NUCLEAR MEDICINE (HOSPITAL ONLY)

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