Children’s Healthcare of Atlanta

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Physician resources

As one of the largest pediatric healthcare systems in the country, Children’s Healthcare of Atlanta offers a variety of ways for physicians to reach our staff and clinical services.

**accessCHOA**

choa.org/ac

accessCHOA is the web-based interface for the Children’s Healthcare of Atlanta electronic health record system. It provides customized notifications about patient events, which can be forwarded to anyone in your practice. In addition, you can use it to:

- Place an order for outpatient diagnostics and rehabilitation.
- Place referrals to specialists at Children’s Physician Group and specialty clinics.
- View notifications about key patient events, including admissions and discharges, emergency visits, and lab and imaging results.
- Check appointment status and patient scheduling information.

accessCHOA is the primary way your practice will receive patient information. To enhance patient confidentiality, Children’s will eventually eliminate faxing patient information to your practice.

Ask your physician liaison or visit accessCHOA.org to register and review educational resources. See the Tools section for a tip sheet about accessCHOA.

**Physician Portal**

The Children’s Physician Portal at md.choa.org offers easy access to clinical reference tools and resources for members of the Children’s medical staff, including:

- Clinical care guidelines to help you provide high-quality care
- System leader contacts and structure to help you engage with your leaders
- Professional development and continuing medical education tools and credit opportunities
- Children’s medical staff directory
- Curated medical news, strategies and other information
- Wellness tools and resources to support your personal well-being

Access the Physician Portal using your Children’s network ID and password at md.choa.org. If you have forgotten your ID or password or need one, please contact the Children’s Solution Center at 404-785-6767.

**404-785-DOCS (3627)**

Children’s recognizes that sometimes complex navigation is required to access healthcare services, and by using this easy-to-remember phone number, physicians can connect to anyone or any service within our organization.

**404-785-DOCS (3627)** is staffed 24 hours a day, seven days a week by a team of experienced Children’s representatives who will promptly answer your call, evaluate your needs, provide the services requested or route you to the appropriate area.

Call **404-785-DOCS (3627)** to:

- Access any Children’s service.
- Reach a patient, employee or department at Children’s.
- Collaborate on patient care.
- Schedule a patient appointment or ancillary test.
- Refer a patient to a Children’s Physician Group practice.
- Speak to a Children’s Physician Group provider during business hours through our Physician to Physician service.

**Physician to Physician service**

Physician to Physician is a service offered through **404-785-DOCS (3627)**. The goal of this service is to provide you with improved access to our Children’s Physician Group practices during business hours. A designated physician for each Children’s Physician Group practice will be available from 8 a.m. to 5 p.m., Monday to Friday, excluding holidays, to respond to your clinical inquiry.

Physician to Physician consultations should be requested when you need to speak with a subspecialist for advice about a patient. It should not be used for questions that do not require a subspecialist physician, such as lab results or appointment scheduling.
Children’s Physician Group

Children’s Physician Group is one of the largest multispecialty pediatric physician practices in the Southeast, with more than 475 physicians and 270 advance practice providers who are employed by Children’s Healthcare of Atlanta or serve as members of the pediatric faculty at the Emory University School of Medicine.

With convenient locations at our three hospitals and multiple neighborhood locations in Atlanta and surrounding communities, our pediatric-trained doctors and surgeons represent more than 30 pediatric specialties.

Visit choa.org/CPG for a full list of specialties. See the Forms section for a copy of our referral form.

Transfer Center

888-785-7778 or 404-785-7778

The Children’s Healthcare of Atlanta Transfer Center can arrange for the acceptance and admission of your patient with one phone call, 24 hours a day, seven days a week. We can help:

• Coordinate ground or air transportation for your patient.
• Arrange for a bed with the appropriate level of care to be ready upon arrival.
• Initiate registration paperwork, including financial information and precertification.

Scheduling elective admissions:

If you need to schedule an admission to Children’s and you do not have attending privileges, the Children’s Hospitalist Program can assist you with:

• Telephone consultations
• Inpatient management services
• Outpatient diagnostic referrals
• Specialist referrals

See the Tools section for Emergency Department transfer guidelines.

Telemedicine

404-785-DOCS (3627) or fax: 404-785-5855

The expertise of our pediatric specialists is available to patients and healthcare providers through telemedicine. An easy-to-use service, telemedicine offers patients and providers remote consultations, evaluations and training using live video.

Visit choa.org/telemedicine to view an updated list of services. See the Forms section for a copy of our order form.

The Children’s Care Network

The Children’s Care Network is a clinically integrated partnership between Children’s and community physicians designed to help facilitate better health outcomes for our patient population. The collaborative system also offers group purchasing power, cost savings and technical resources.

To find out more about our clinically integrated network, contact us at contact@tccn-choa.org or 404-785-7935.

Physician outreach

choa.org/outreach

A physician liaison is your primary contact for questions, concerns and issues. Physician liaisons help with:

• Barriers to access
• In-services
• Order forms or materials

To learn more or to identify your liaison, contact us at physicianoutreach@choa.org or 404-785-7595.
Patient family resources
Patient family resources

404-785-KIDS (5437)
This number is the one point of contact for patient families. This phone number, staffed by a team of experienced Children’s representatives, is open 24 hours a day, seven days a week. Patients families can use 404-785-KIDS (5437) to:
- Access Children’s services.
- Schedule and change appointments.
- Reach a physician or department at Children’s.

choa.org
Patient families can use Children’s website to:
- Learn more about our medical services and physicians on our medical staff.
- Receive information, including hours and directions to specific locations.
- Prepare for visits and overnight stays.
- Request copies of medical records.
- Contact our team with questions about billing and insurance.

Children’s mobile app
Text the word KIDS to (770) 766-3111 to receive a link to the free Children’s mobile app directly on your phone. You can also visit the App Store or Google Play to download the Children’s app for your smartphone or tablet.
With the Children’s app, patient families can:
- Find a hospital or neighborhood location.
- Locate a department, patient room or amenity from inside the hospital.
- Look up Children’s physicians who see patients at one of our facilities.
- Find the nearest Emergency Department and see wait times.
- Find the nearest Urgent Care Center, see wait times and save your spot in line.
- Access your patient information through MYchart.

MYchart
MYchart gives you, your patients and their legal guardians access to a portion of their Epic medical record. It also enables you and your patients to communicate through a secure online portal or mobile device. With MYchart, your patient families can be more informed, which can lead to improved satisfaction and outcomes. Patient families can:
- View immunization records.
- View lab and other test results, and get notifications when most results are received.
- Request prescription refills.
- Communicate with you by sending and receiving secure messages.

Patient families should visit mychart.choa.org to activate a MYchart account.
Children’s locations

Children’s offers urgent care, radiology, lab and emergency services in the following locations:

1. **Egleston hospital**
   1405 Clifton Road
   Atlanta, GA 30322
   404-785-KIDS (5437)
   Emergency Department, lab and radiology: CT, DEXA, fluoroscopy, interventional radiology, MRI, nuclear medicine, PET, sedation, ultrasound and X-ray

2. **Hughes Spalding hospital**
   35 Jesse Hill Jr. Drive SE
   Atlanta, GA 30303
   404-785-KIDS (5437)
   Emergency Department and radiology: fluoroscopy, ultrasound and X-ray

3. **Scottish Rite hospital**
   1001 Johnson Ferry Road NE
   Atlanta, GA 30342
   404-785-KIDS (5437)
   Emergency Department, lab and radiology: CT, DEXA, fluoroscopy, interventional radiology, MRI, nuclear medicine, sedation, ultrasound and X-ray

4. **Children’s at Cherokee**
   In the River Pointe shopping center
   1558 Riverstone Parkway, Suite 100
   Canton, GA 30114
   404-785-KIDS (5437)
   Urgent care

5. **Children’s at Forsyth**
   In The Collection at Forsyth
   410 Peachtree Parkway, Suite 300
   Cumming, GA 30041
   404-785-KIDS (5437)
   Urgent care, lab and X-ray*

6. **Children’s at Hamilton Creek**
   In the Hamilton Mill Town Center shopping center
   2240 Hamilton Creek Parkway, Suite 600
   Dacula, GA 30019
   404-785-KIDS (5437)
   Urgent care

7. **Children’s at Hudson Bridge**
   In the Hudson Bridge Crossing shopping center
   1510 Hudson Bridge Road
   Stockbridge, GA 30281
   404-785-KIDS (5437)
   Urgent care, lab and X-ray*

8. **Children’s at North Point**
   3795 Mansell Road
   Alpharetta, GA 30022
   404-785-KIDS (5437)
   Urgent care

9. **Children’s at Satellite Boulevard**
   2660 Satellite Blvd.
   Duluth, GA 30096
   404-785-KIDS (5437)
   Urgent care, lab and radiology*: X-ray and ultrasound

10. **Children’s at Town Center**
    625 Big Shanty Road NW
    Kennesaw, GA 30144
    404-785-KIDS (5437)
    Urgent care, lab and radiology*: CT, fluoroscopy, MRI, sedation, ultrasound and X-ray

11. **Children’s at Webb Bridge**
    3155 North Point Parkway
    Building A, Suite 150
    Alpharetta, GA 30005
    404-785-KIDS (5437)
    Lab and radiology*: CT, fluoroscopy, MRI, sedation, ultrasound and X-ray

Visit choa.org/locations for complete map, listing of all locations, directions and services.

*Services of Children’s at Scottish Rite hospital

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away. We accept walk-in patients during business hours. Hours may be affected by unanticipated circumstances. Visit choa.org/urgentcare for real-time updates. 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.
Contact information
Contact information

Physician: 404-785-DOCS (3627)  
Parent/guardian: 404-785-KIDS (5437)  
Transfer Center: 888-785-7778 or 404-785-7778  
Website: choa.org/md

Locations listed in blue are Children’s Physician Group practices and clinics.

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Numbers</th>
<th>Locations</th>
</tr>
</thead>
</table>
| ADOLESCENT MEDICINE             | 404-785-9855, 404-785-9726         | Hughes Spalding hospital  
35 Jessie Hill Jr. Drive SE  
Atlanta, GA 30303           |
| ALLERGY AND IMMUNOLOGY          | 404-785-DOCS (3627), 404-785-9111 | Children’s at North Druid Hills  
1605 Chantilly Drive NE  
Atlanta, GA 30324          |
| AFTER HOURS CLINIC              | 404-785-5475, 404-785-9231         | Hughes Spalding hospital  
35 Jessie Hill Jr. Drive SE  
Atlanta, GA 30303           |
| APNEA                           | 404-785-DOCS (3627), 404-785-9111 | Children’s at Houston Mill  
1547 Clifton Road NE  
Atlanta, GA 30322          |
| AUDIOLOGY                       | 404-785-7174, 404-785-7113         | Locations in:  
- Atlanta  
- Cumming  
- Duluth  
- Fayetteville  
- Marietta  
- Morrow  
- Roswell |
| AUTISM AND RELATED DISORDERS    | 404-785-9400, 404-785-9067         | Marcus Autism Center  
1920 Briarcliff Road  
Atlanta, GA 30329                |
| CARDIAC                         | 800-542-2233 or 404-256-2593       | Children’s Sibley Heart Center  
Egleston hospital  
1405 Clifton Road NE  
Atlanta GA 30322            |

*A service of Marcus Autism Center. Limited services available.
# Child Protection

<table>
<thead>
<tr>
<th>Hospital/Center</th>
<th>Phone Numbers</th>
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<tbody>
<tr>
<td>Hughes Spalding hospital</td>
<td>404-785-9930, 404-785-9783</td>
</tr>
<tr>
<td>Stephanie V. Blank Center for Safe and Healthy Children</td>
<td>35 Jesse Hill Jr. Drive SE, Atlanta, GA 30303</td>
</tr>
<tr>
<td>Northside Professional Center</td>
<td>404-785-3820, 404-785-3850</td>
</tr>
<tr>
<td>Stephanie V. Blank Center for Safe and Healthy Children</td>
<td>975 Johnson Ferry Road, Suite 350, Atlanta, GA 30342</td>
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*A service of Children’s at Scottish Rite hospital*

# Concussion

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# Craniofacial and Plastic Surgery

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<tr>
<td>Center for Craniofacial Disorders</td>
<td>404-785-DOCS (3627), 404-785-9111</td>
</tr>
<tr>
<td>The Children’s Medical Office Building</td>
<td>404-785-7792, 404-785-7806</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>404-785-5555</td>
</tr>
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</table>

| Children’s at East Cobb | 1255 Johnson Ferry Road, Marietta, GA 30068 |
| Children’s at Old Milton Parkway | 3300 Old Milton Parkway, Suite 125, Alpharetta, GA 30005 |
| Northside Professional Center | 975 Johnson Ferry Road, Suite 100, Atlanta, GA 30342 |

*A service of Children’s at Scottish Rite hospital*

# Cystic Fibrosis

<table>
<thead>
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<th>Egleston-based providers</th>
<th>Phone Numbers</th>
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<tr>
<td>Children’s at North Druid Hills</td>
<td>1605 Chantilly Drive, Suite 305, Atlanta, GA 30324</td>
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<tr>
<td>Scottish Rite-based providers</td>
<td>404-785-DOCS (3627), 404-785-9111</td>
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<tr>
<td>The Children’s Medical Office Building</td>
<td>404-785-7792, 404-785-7806</td>
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<tr>
<td>Judson L. Hawk Jr., MD, Clinic for Children</td>
<td>5461 Meridian Mark Road NE, Suite 200, Atlanta, GA 30342</td>
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*A service of Children’s at Scottish Rite hospital*

# Diabetes and Endocrinology

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<th>Hospital/Center</th>
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<td>Emory Children’s Center Building</td>
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<td>Hughes Spalding hospital</td>
<td>35 Jesse Hill Jr. Drive SE, Atlanta, GA 30303</td>
</tr>
<tr>
<td>Children’s at Cobb</td>
<td>1371 Church St. Extension, Marietta, GA 30060</td>
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<tr>
<td>Children’s at Forsyth</td>
<td>410 Peachtree Parkway, Suite 300, Cumming, GA 30041</td>
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<tr>
<td>Children’s at Meridian Mark</td>
<td>5445 Meridian Mark Road NE, Suite 420, Atlanta, GA 30342</td>
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<td>Children’s at North Druid Hills</td>
<td>1605 Chantilly Drive, Atlanta, GA 30324</td>
</tr>
<tr>
<td>Children’s at North Point</td>
<td>3795 Mansell Road, Alpharetta, GA 30022</td>
</tr>
<tr>
<td>Children’s at Satellite Boulevard</td>
<td>2660 Satellite Blvd., Duluth, GA 30096</td>
</tr>
<tr>
<td>St. Mary’s Health Care System</td>
<td>1230 Baxter St., Athens, GA 30606</td>
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### DIABETES AND ENDOCRINOLOGY, CONTINUED

**Diabetes Education Program**

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<th>Location</th>
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<tr>
<td>1405 Clifton Road NE</td>
<td>1001 Johnson Ferry Road NE</td>
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<tr>
<td>Atlanta, GA 30322</td>
<td>Atlanta, GA 30342</td>
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<tr>
<td>404-785-1724</td>
<td>404-785-4841</td>
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### FETAL CARE CENTER

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<td>Atlanta, GA 30322</td>
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<td>404-785-3916</td>
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### GASTROENTEROLOGY

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<td>1371 Church St. Extension</td>
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<tr>
<td>Marietta, GA 30060</td>
<td>Atlanta, GA 30324</td>
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<tr>
<td>Children's at Satellite Boulevard</td>
<td>2660 Satellite Blvd.</td>
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<tr>
<td>Emory Children's Center Building</td>
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<tr>
<td>2015 Uppergate Drive</td>
<td>1230 Baxter St.</td>
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#### Eosinophilic esophagitis

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#### Fecal microbiota transplant

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#### Inflammatory bowel disease

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#### Integrated Enteral Feeds Advancement Team (IEAT)

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#### Intestinal rehab and short bowel syndrome

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<table>
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<tr>
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<td>2015 Uppergate Drive</td>
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<td>404-785-9111</td>
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### GENERAL AND THORACIC SURGERY

**Egleston-based providers**

<table>
<thead>
<tr>
<th>Children's at Century Boulevard</th>
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<tr>
<td>1975 Century Blvd., Suite 6</td>
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<td>1265 Highway 54 West, Suite 200</td>
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<td>Atlanta, GA 30345</td>
<td>Marietta, GA 30060</td>
<td>Fayetteville, GA 30214</td>
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<tr>
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<th>Regional Pediatric Center</th>
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<tr>
<td>2660 Satellite Blvd.</td>
<td>1000 Hawthorne Ave., Building S</td>
<td>705 17th Street, Suite 406</td>
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<tr>
<td>Duluth, GA 30096</td>
<td>Athens, GA 30606</td>
<td>Columbus, GA 31901</td>
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**Scottish Rite-based providers**

<table>
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<tr>
<th>The Children's at Egleston Medical Office Building</th>
<th>Children's at East Cobb</th>
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<tr>
<td>5461 Meridian Mark Road NE, Suite 570</td>
<td>1255 Johnson Ferry Road</td>
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<td>Atlanta, GA 30342</td>
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### GENETICS

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<th>Judson L. Hawk Jr., MD, Clinic for Children</th>
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<td>5461 Meridian Mark Road NE, Suite 200</td>
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<tr>
<td>Atlanta, GA 30342</td>
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A service of Children's at Scottish Rite hospital

### HEMATOLOGY/ONCOLOGY

**Aflac Cancer and Blood Disorders Center**

<table>
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<th>Egleston hospital</th>
<th>Hughes Spalding hospital</th>
<th>Scottish Rite hospital</th>
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<tbody>
<tr>
<td>1405 Clifton Road NE</td>
<td>Second Floor, Specialty Clinics</td>
<td>1001 Johnson Ferry Road NE</td>
</tr>
<tr>
<td>Atlanta, GA 30322</td>
<td>35 Jesse Hill Jr. Drive SE</td>
<td>Atlanta, GA 30342</td>
</tr>
<tr>
<td>Inpatient and outpatient: cancer, blood disorders, and blood and marrow transplant (BMT)</td>
<td>Outpatient: blood disorders and transfusion services</td>
<td>Inpatient: cancer and blood disorders</td>
</tr>
</tbody>
</table>

**The Children's Medical Office Building**

| 5461 Meridian Mark Road NE, Suite 400 | 5461 Meridian Mark Road NE, Suite 400 |
| Atlanta, GA 30342                     | Atlanta, GA 30342                     |

A service of Children's at Scottish Rite hospital

Outpatient: cancer and blood disorders

### HEPATOLOGY

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### INFECTIOUS DISEASES

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<tr>
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<td>Location</td>
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<td>----------------------------------</td>
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<tr>
<td><strong>Egleston hospital</strong></td>
<td>1405 Clifton Road NE, Atlanta, GA 30322</td>
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<tr>
<td><strong>Scottish Rite hospital</strong></td>
<td>1001 Johnson Ferry Road NE, Atlanta, GA 30342</td>
</tr>
<tr>
<td><strong>Children's at Forsyth</strong></td>
<td>In The Collection at Forsyth, 410 Peachtree Parkway, Suite 300, Cumming, GA 30041</td>
</tr>
<tr>
<td><strong>Children's at Hudson Bridge</strong></td>
<td>In the Hudson Bridge Crossing shopping center, 1510 Hudson Bridge Road, Stockbridge, GA 30281</td>
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<tr>
<td><strong>Children's at Satellite Boulevard</strong></td>
<td>2660 Satellite Blvd., Duluth, GA 30096</td>
</tr>
<tr>
<td><strong>Children's at Town Center</strong></td>
<td>625 Big Shanty Road NW, Kennesaw, GA 30144</td>
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<tr>
<td><strong>Children's at Webb Bridge</strong></td>
<td>3155 North Point Parkway, Building A, Alpharetta, GA 30005</td>
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<td><strong>Egleston hospital</strong></td>
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<td><strong>Children's at North Point</strong></td>
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<td><strong>Emory Children's Center Building</strong></td>
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<td><strong>St. Mary's Health Care System</strong></td>
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<td><strong>Chronic Kidney Disease Clinic</strong></td>
<td></td>
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<tr>
<td><strong>Hypertension Program</strong></td>
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### NEUROSCIENCES

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<td>35 Jesse Hill Jr. Drive SE</td>
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<td><strong>Northside Professional Center</strong></td>
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<td>Scottish Rite hospital</td>
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<td>Children's at Forsyth</td>
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<td></td>
<td>In The Collection at Forsyth</td>
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<tr>
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<td>Cumming, GA 30041</td>
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<tr>
<td></td>
<td>A service of Children's at Scottish Rite hospital</td>
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**Children's at North Druid Hills**

1605 Chantilly Drive NE
Atlanta, GA 30324
A service of Children's at Egleston hospital

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<td><strong>Resource Medical</strong></td>
<td>1500 Oglethorpe Ave., Building 600EF</td>
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### ORTHOPAEDICS

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<td><strong>Brachial Plexus Clinic</strong></td>
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<td><strong>The Children's Medical Office Building</strong></td>
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<tr>
<td><strong>Archbold Medical Center</strong></td>
<td>915 Gordon Avenue</td>
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<tr>
<td></td>
<td>Thomasville, GA 31792</td>
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<tr>
<td><strong>Regional Pediatric Center</strong></td>
<td>705 17th St., Suite 406</td>
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<td></td>
<td>Columbus, GA 31901</td>
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**The Children's Medical Office Building**

Judson L. Hawk Jr., MD, Clinic for Children
5461 Meridian Mark Road NE, Suite 200
Atlanta, GA 30342
A service of Children's at Scottish Rite hospital
<table>
<thead>
<tr>
<th>ORTHOPAEDICS, CONTINUED</th>
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<td>Hand and Upper Extremity Program</td>
</tr>
<tr>
<td>Hip Program</td>
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<tr>
<td>Limb Deficiency Program</td>
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</table>

Our services are available at several neighborhood locations throughout metro Atlanta. The appointment scheduler can assist families in finding the most convenient option.

| Orthotics and Prosthetics | 404-785-3448 | 404-785-5690 |

Our services are available at several neighborhood locations throughout metro Atlanta. The appointment scheduler can assist families in finding the most convenient option.

| Scoliosis Screening Program | 404-785-7553 | 404-785-7576 |

Clinics are at most of our Urgent Care Centers. Scoliosis clinics are by appointment only.

<table>
<thead>
<tr>
<th>Spine Program</th>
<th>404-785-4126</th>
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<td>OTOLARYNGOLOGY (ENT)</td>
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| Emory Children’s Center Building | Children’s at Cobb | Children’s at Fayette |
| 2015 Uppergate Drive | 1371 Church St. Extension | 1265 Highway 54 West |
| Atlanta, GA 30322 | Marietta, GA 30060 | Fayetteville, GA 30214 |

| Children’s at Hudson Bridge—Specialty Care | Children’s at Satellite Boulevard | Telemedicine |
| 1494 Hudson Bridge Road | 2660 Satellite Blvd. | |
| Stockbridge, GA 30281 | Duluth, GA 30096 | |

| Hearing Loss and Cochlear Implant Program | 404-785-7174 | 404-785-7113 |

Our services are available at several neighborhood locations throughout metro Atlanta. The appointment scheduler can assist families in finding the most convenient option. These locations are services of Children’s at Scottish Rite hospital.

<table>
<thead>
<tr>
<th>PAIN RELIEF</th>
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<td>5461 Meridian Mark Road NE, Suite 200</td>
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<tr>
<td>A service of Children’s at Scottish Rite hospital</td>
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<table>
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<tr>
<td>Children’s at North Druid Hills</td>
<td>Telemedicine</td>
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<tr>
<td>1605 Chantilly Drive NE, Suite 305</td>
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</tr>
<tr>
<td>Atlanta, GA 30324</td>
<td></td>
<td></td>
</tr>
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</table>

| Scottish Rite-based providers | | |
| Children’s at Old Milton Parkway | Hughes Spalding hospital | Oak Hill Professional Park |
| 3300 Old Milton Parkway, Suite 300 | 35 Jesse Hill Jr. Drive SE | 60 Oak Hill Blvd., Suite 102 |
| Alpharetta, GA 30005 | Atlanta, GA 30303 | Newnan, GA 30265 |

| Pavilion at Lake Hearn | Resource Medical Center | Telemedicine |
| 1100 Lake Hearn Drive, Suite 450 | 1500 Oglethorpe Ave., Suite 600E | |
| Atlanta, GA 30342 | Athens, GA 30606 | |
RADIOLOGY

**Egleston hospital**
1405 Clifton Road NE
Atlanta, GA 30322
404-785-6078

CT, DEXA, fluoroscopy, interventional radiology, MRI, nuclear medicine, PET, sedation, ultrasound and X-ray

**Hughes Spalding hospital**
35 Jesse Hill Jr. Drive SE
Atlanta, GA 30303
404-785-9988

Fluoroscopy, ultrasound and X-ray

**Scottish Rite hospital**
1001 Johnson Ferry Road NE
Atlanta, GA 30342
404-785-2787

CT, DEXA, fluoroscopy, interventional radiology, MRI, nuclear medicine, sedation, ultrasound and X-ray

**Children’s at Forsyth**
In The Collection at Forsyth
410 Peachtree Parkway, Suite 300
Cumming, GA 30041
404-785-3100

A service of Children’s at Scottish Rite hospital
X-ray

**Children’s at Hudson Bridge**
In the Hudson Bridge Crossing shopping center, 1510 Hudson Bridge Road
Stockbridge, GA 30281
404-785-8660

A service of Children’s at Scottish Rite hospital
X-ray

**Children’s at Satellite Boulevard**
2660 Satellite Blvd.
Duluth, GA 30009
404-785-XRAY (9729)

A service of Children’s at Scottish Rite hospital
X-ray and ultrasound

**Children’s at Town Center**
625 Big Shanty Road NW
Kennesaw, GA 30144
404-785-XRAY (9729)

A service of Children’s at Scottish Rite hospital
CT, fluoroscopy, MRI, sedation, ultrasound and X-ray

**Children’s at Webb Bridge**
3155 North Point Parkway
Building A, Suite 150
Alpharetta, GA 30005
404-785-XRAY (9729)

A service of Children’s at Scottish Rite hospital
CT, fluoroscopy, MRI, sedation, ultrasound and X-ray

REHABILITATION

**Inpatient Rehabilitation Program**

**Scottish Rite hospital**
1001 Johnson Ferry Road NE
Atlanta, GA 30342
404-785-2274

**Day Rehabilitation Program**

993-F Johnson Ferry Road NE, Suite 260
Atlanta, GA 30342
Located across the street from Scottish Rite hospital
A service of Children’s at Scottish Rite hospital
404-785-3300

**Outpatient Rehabilitation Program**

404-785-7100

Our services are available at several neighborhood locations throughout metro Atlanta. Outpatient rehabilitation services include audiology, occupational therapy, physical therapy, and speech and language pathology.

Visit choa.org/outpatientrehab for addresses and directions.

These locations are services of Children’s at Scottish Rite hospital.

Locations in:
- Atlanta
- Cumming
- Duluth
- Fayetteville
- Marietta
- Morrow
- Roswell

**Physiatry**

404-785-DOCS (3627)

404-785-9111

The Children’s Medical Office Building
Judson L. Hawk Jr., MD, Clinic for Children
5461 Meridian Mark Road NE, Suite 200
Atlanta, GA 30342
A service of Children’s at Scottish Rite hospital
### Rheumatology

<table>
<thead>
<tr>
<th>Emory Children’s Center Building</th>
<th>Children’s at East Cobb</th>
<th>Children’s at North Point</th>
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<tr>
<td>2015 Uppergate Drive</td>
<td>1255 Johnson Ferry Road</td>
<td>375 Mansell Road</td>
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<tr>
<td>Atlanta, GA 30322</td>
<td>Marietta, GA 30068</td>
<td>Alpharetta, GA 30022</td>
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**Children’s at Satellite Boulevard**
2660 Satellite Blvd.
Duluth, GA 30096

### Sleep

**Egleston-based providers**

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<th>Children’s at North Druid Hills</th>
<th>Marcus Autism Center</th>
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<td>1605 Chantilly Drive NE, Suite 305</td>
<td>1920 Briarcliff Road</td>
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<tr>
<td>Atlanta, GA 30324</td>
<td>Atlanta, GA 30329</td>
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**Scottish Rite-based providers**

<table>
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<tr>
<th>Children’s at Old Milton Parkway</th>
<th>Oak Hill Professional Park</th>
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<td>3300 Old Milton Parkway, Suite 300</td>
<td>60 Oak Hill Blvd., Suite 102</td>
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<tr>
<td>Alpharetta, GA 30005</td>
<td>Newnan, GA 30265</td>
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### Sleep Labs (overnight sleep studies)

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<td>1405 Clifton Road NE</td>
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<tr>
<td>Atlanta, GA 30322</td>
<td>Atlanta, GA 30342</td>
<td>Duluth, GA 30096</td>
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</tbody>
</table>

**A service of Children’s at Scottish Rite hospital**

### Specialty Clinics

**Judson L. Hawk Jr., MD, Clinic for Children**

- 22Q
- Brachial plexus
- Craniofacial
- Craniofeeding
- Cranioanatomy
- Cerebral palsy
- Cystic fibrosis
- Dermatology
- Genetics
- Hand
- Medically complex
- Muscular dystrophy
- Neurofibromatosis
- Neurogastroenterology and motility
- Neuro spine
- Pain management
- Pelvic and anorectal
- Physiatry/rehab
- Skeletal dysplasia
- Spasticity
- Speech
- Spina bifida
- Strong4Life
- Technology-dependent pulmonary
- Tuberculous sclerosis
- Vascular anomalies

**Aerodigestive**

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<th>Egleston hospital</th>
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<td>1605 Chantilly Drive NE, Suite 305</td>
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</table>
SPECIALTY CLINICS - CONTINUED

Children's Epilepsy Center

Scottish Rite hospital
1001 Johnson Ferry Road NE
Atlanta, GA 30342

Egleston hospital
1405 Clifton Road NE
Atlanta, GA 30322

Ketogenic Diet Clinic

Egleston hospital
1405 Clifton Road NE
Atlanta, GA 30322

Strong4life Clinic

The Children's Medical Office Building
Judson L. Hawk Jr., MD, Clinic for Children
5461 Meridian Mark Road NE, Suite 200
Atlanta, GA 30342
A service of Children's at Scottish Rite hospital

SPORTS MEDICINE

Physical therapy
Our services are available at several neighborhood locations throughout metro Atlanta. These locations are services of Children's at Scottish Rite hospital.
Visit choa.org/sportsmed for addresses and directions.

Locations in:
- Alpharetta, 404-785-8570
- Atlanta (2 locations)
  - Meridian Mark, 404-785-5699
  - North Druid Hills, 404-785-8421
- Canton, 404-785-4268
- Cumming, 404-785-3090
- Dacula, 404-785-4260
- Duluth, 404-785-8387

- Fayetteville, 404-785-8790
- Kennesaw, 404-785-8008
- Marietta, 404-785-8316
- Smyrna, 404-785-4271
- Snellville, 404-785-8081
- Stockbridge, 404-785-4163
- Suwanee, 404-785-8910

SURGERY CENTERS

Egleston hospital
1405 Clifton Road NE
Atlanta, GA 30322

Children's at Meridian Mark Surgery Center
5445 Meridian Mark Road NE
Atlanta, GA 30342

The Surgery Center at Meridian Mark Plaza LLC is an affiliate of Children's Healthcare of Atlanta. It is a joint venture with Scottish Rite as the majority owner and physician investors as partners. Physicians and affiliated healthcare professionals who perform services at the Surgery Center at Meridian Mark Plaza LLC are independent providers and are not our employees.

Children's at Satellite Boulevard Outpatient Surgery Center
2620 Satellite Blvd.
Duluth, GA 30096

A service of Children's at Scottish Rite hospital

Scottish Rite hospital
1001 Johnson Ferry Road NE
Atlanta, GA 30342

Some physicians and affiliated healthcare professionals on the Children's Healthcare of Atlanta team are independent providers and are not our employees.
### TRANSPLANT

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<th>Service</th>
<th>Normal business hours</th>
<th>Nights, weekends and holidays</th>
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<th>Kidney transplant</th>
<th>Liver transplant</th>
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<td></td>
<td>800-605-6175</td>
<td>404-785-6000</td>
<td>404-785-6395</td>
<td>404-785-1405</td>
<td>404-785-0150</td>
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<td>404-785-1994</td>
<td>404-785-9017</td>
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<td>404-785-6751</td>
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**Egleston hospital**
1405 Clifton Road NE
Atlanta, GA 30322

### TELEMEDICINE

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<th>404-785-DOCS (3627)</th>
<th>404-785-5855</th>
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</table>

Visit [choa.org/telemedicine](http://choa.org/telemedicine) to view an updated list of services
Forms
accessCHOA

Reminder: The fastest way to submit your order or referral is electronically, using accessCHOA. accessCHOA is the web-based interface for the Children’s Healthcare of Atlanta electronic health record system. It can be used to place an order for outpatient diagnostics and rehabilitation, as well as for referrals to Children’s Physician Group specialists.* To learn more, see page 3 of this guide or go to the Tools section for a tip sheet on using accessCHOA.

If you are not connected to accessCHOA, some online referral forms and order forms can be submitted electronically at choa.org/md.

Children’s Physician Group referral form
Child Protection: The Stephanie V. Blank Center for Safe and Healthy Children request for services
Downtime mild traumatic brain injury/concussion assessment criteria tool
Lab outpatient requisition form
Neurophysiology (EEG) order form
Outpatient rehabilitation prescription form
Pulmonary Hypertension Clinic referral form

Radiology
• Advanced imaging form
• General imaging form
• Interventional radiology form

Sibley Heart Center Cardiology order form
Sleep disorders lab order form
Sports medicine prescription form
Telemedicine order form

* This does not include The Stephanie V. Blank Center for Safe and Healthy Children or Sibley Heart Center Cardiology forms. These forms must be faxed.
Complete this form and fax it to 404-785-9111. Please use one form per patient.

If the patient needs to be seen within the next week, call 404-785-DOCS (3627) and do not fill out this form.

<table>
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<th>□ Urgent</th>
<th>□ Non-urgent</th>
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**Today’s date**

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<th>________________</th>
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**Referral form completed by**

<table>
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<tr>
<th>________________</th>
</tr>
</thead>
</table>

**Direct contact phone number**

<table>
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</thead>
</table>

**Email**

<table>
<thead>
<tr>
<th>________________</th>
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</thead>
</table>

Preferred method of communication for referring office (choose one):

<table>
<thead>
<tr>
<th>□ Phone</th>
<th>□ Email</th>
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</thead>
</table>

**Patient's name:** ________________________________

**Patient’s date of birth:** ________________________________

**Patient’s gender:** □ Male □ Female

**Parent/guardian’s name:** ________________________________

**Cell phone:** ________________________________

**Alternate phone:** ________________________________

Interpreter required: □ Yes □ No

If yes, provide the language: ________________________________

**Referring provider’s name:** ________________________________

**Office phone:** ________________________________

**Office fax:** ________________________________

Referring provider’s status with patient: □ PCP □ Not PCP

**PCP name:** ________________________________

**PCP phone:** ________________________________

**Reason for referral:** ________________________________
Specialty needed (please choose one):

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<td>Immunology</td>
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<td>Apnea</td>
<td>Kidney transplant</td>
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<td><strong>Cardiology: Pulmonary Hypertension</strong></td>
<td><strong>Neurology</strong></td>
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<td><strong>Cardiothoracic Surgery</strong></td>
<td>General neurology</td>
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<td><strong>Child Protection</strong></td>
<td>Headache</td>
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<td><strong>Craniofacial Surgery</strong></td>
<td>Neurocutaneous</td>
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<tr>
<td><strong>Cystic Fibrosis</strong></td>
<td>Neuromuscular</td>
</tr>
<tr>
<td><strong>Dentistry and Orthodontics</strong></td>
<td>New onset seizures</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
<td><strong>Neuropsychology</strong></td>
</tr>
<tr>
<td><strong>Endocrinology</strong></td>
<td><strong>Neurosurgery</strong></td>
</tr>
<tr>
<td><strong>Gastroenterology</strong></td>
<td><strong>Otolaryngology</strong></td>
</tr>
<tr>
<td>Eosinophilic and allergic GI diseases</td>
<td><strong>Physiatry</strong></td>
</tr>
<tr>
<td>Feeding (IEAT)</td>
<td><strong>Plastic Surgery</strong></td>
</tr>
<tr>
<td>General gastroenterology</td>
<td><strong>Pulmonology</strong></td>
</tr>
<tr>
<td>Growth problems</td>
<td>Pulmonology/asthma</td>
</tr>
<tr>
<td>Inflammatory bowel disease</td>
<td>Synagis</td>
</tr>
<tr>
<td>(Crohn’s and ulcerative colitis)</td>
<td>Technology dependent</td>
</tr>
<tr>
<td>Intestinal rehabilitation</td>
<td><strong>Rheumatology</strong></td>
</tr>
<tr>
<td><strong>General and Thoracic Surgery</strong></td>
<td>General rheumatology</td>
</tr>
<tr>
<td><strong>Hematology/Oncology</strong></td>
<td>Juvenile idiopathic arthritis (JIA)</td>
</tr>
<tr>
<td><strong>Hepatology</strong></td>
<td>Sleep</td>
</tr>
<tr>
<td>General liver</td>
<td><strong>Specialty clinics</strong></td>
</tr>
<tr>
<td>Liver transplant</td>
<td></td>
</tr>
<tr>
<td><strong>Infectious Diseases</strong></td>
<td></td>
</tr>
</tbody>
</table>

If other, please specify: __________

Indicate preferred provider and reason for preference, if applicable: ______________________________

Fax relevant clinic notes, patient demographics and imaging/diagnostic tests to 404-785-9111.

Was the patient’s diagnostic testing (related to this referral) performed at Children’s? □ Yes □ No
If yes, please do not fax these records.
**PLEASE FILL OUT COMPLETELY**

Date of Request __________

**Please note, PCPs are only able to request forensic medical exams.**

Are you requesting a forensic medical exam? Yes ___ No ____

Who is requesting? ________________________________

Is Law Enforcement Involved? Yes ____ No _____ Jurisdiction: ________________________________

Is DFCS Involved? Yes _____ No _______ County: _____________

**Victim's Data**

Victim's Legal Name: ___________________________ Date of Birth: ___________ Age: ___

Gender: ___ Male ___ Female Race: ______ Language: ________________________________

Victim's Address: ______________________________________ City/State/Zip: ______________ County: ______________

Parent/Legal Guardian: ___________________________ ___________________________ ___ DOB: ___ __________

Relation to Victim: _____________________________

Phone: (H) __________ (C) __________

Any Known Special Needs/Developmental Delays?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Disclosed abuse was made to whom? _________ Relation to victim? _____________

Location of Abuse: _____________________________ County: _________________

Has Child had a previous Medical Exam regarding allegation? 
Yes __ No ____ Date of Exam: ____ ____ Name of Physician: ___________ _________ 

Location: _____________________________ Medical Findings: ______________________________

Has this Child completed a forensic interview regarding current allegations? 
Yes ___ No ____ Date of FI: ___________ Location of FI: _______________________________
Has this Child completed a forensic interview regarding previous allegations?
Yes ___ No ____ Date of FI: ______ Location of FI: ________________________________
If yes, who conducted previous interview? ________________________________

Alleged Perpetrator Information
Name: __________________________ Age: ____ DOB: ______________ Race: __________________
Gender: ____ Male ____ Female Relation to victim: ________________________________
Arrested: ___ Yes ___ No Charges: ____________________________________________

Please fax completed form with a copy any reports/relevant informatiointo: 404-785-3850
Attention: Intake Coordinator
Referral information can also be emailed to: cpcintake@choa.org
Please call Intake Coordinator if you are in need of confirmation that the faxed/emails referral has
been received at 404-785-3833
Please print clearly

Child's name: ______________________________________ Date of Birth: __________________

Parent/Guardian's name: ____________________________________________________________________________________

Address: ___________________________________________________________________________________________________

Home Phone: ____________________________________ Cell phone: ____________________________________________

Email Address: _____________________________________________________________________________________________

Ordering Physician: _____________________ Physician Phone/ backline: __________________ Fax: ___________________

Office Contact Person: ___________________________ Phone: ____________________________

Primary Care Physician (if not the ordering physician): __________________________________________________________

Will this patient need interpreting services?  Yes  No  If yes, what language? _______________________________

Other medical problems:  Down syndrome  ADHD  Autism  Mental Retardation  Developmentally Delayed

Prematurely, if yes current gestational age: ______________________

Reason for study: ___________________________________________________________________________________________

Allergy: ______________________________________ Weight: ______________________

Insurance Information

Card holder name: __________________________________________ Card holder Date of Birth _________________

Employer: _________________________________________________________________________________________________

Plan name: ___________________________ Precert number (if required): __________________________

Insurance card number: __________________________ Group number: ____________________________

2nd Insurance: ____________________________ Diagnosis code/ description: ________________________

It is the responsibility of the ordering physician's office to obtain all precerts/ authorizations. It must be faxed to our office 1 week prior to appointment. The interpretation fee is billed separately from the hospital technical fee. Please include in pre-certification.

Test(s) Requested:

- EEG (Electroencephalogram)  CPT 95819
- ERG (Electroretinogram)  CPT 92275
- Ambulatory EEG  CPT 95953  24 hr, 48 hr
- Pyridoxine B6 Injection  CPT 90772
- Dense Array w/Spike Detection  CPT 95860-75
- Dense Array w/Spike Detection  CPT 95951 & 95957
- EMG (Electromyogram)  CPT 95860-75
- EMLA cream topical or lidocaine 4% cream topical x 1 30 minutes prior to EMG test under guidance of neurologist.
- Instill eye drops during ERG as follows, per neurophysiology policy 2-12________________
- Repeat every 15 minutes until testing is complete
- Pupils are numb with proparacaine hydrochloride 0.5% 1 drop in each eye.
- Pupils are dilated with phenylephrine hydrochloride 2.5% 1-2 drops in each eye.
- Patient dark adapted for 20 minutes.
- Place one drop of hypromellose 2.5% on the corneal electrode. Place the corneal electrode on the cornea of the eye.
- Place one drop of hypromellose 2.5% on the corneal electrode.

Patient Instructions For EEG (Please review with parents):

1. Your child needs to sleep during part of the test. Children over 24 months should be kept awake at least 2 hours later than their normal bedtime the night before the test and awakened 2 hours earlier the day of the test. Do not allow your child to nap the day of the test. We do not sedate for this test. Study typically takes 1 to 1 ½ hours.
2. The patient must have clean hair, no oils, gels or lotions.
3. No refined/processed sugars or caffeine for 24 hours before exam (natural sugars are acceptable).
4. Patients must arrive 15 minutes prior to appointment to register in the Registration/Admissions Dept. - 1st floor. If the patient is 15 minutes late prior to appointment time, patient will be cancelled.

Preference for physician for EMG study:

- Children’s Pediatric Neurology Practice
- Children’s Rehabilitation Associates at Children’s Healthcare of Atlanta

Ordering Physician Signature: ___________________________ Date: __________ Time ______

Fax this form and history/clinical notes to: 404-785-2204

CPT Codes as of 2013. Visit www.choa.org/neurosciences
# Children's Healthcare of Atlanta
## LABORATORY OUTPATIENT REQUISITION FORM

<table>
<thead>
<tr>
<th>Physician name (print)</th>
<th>Physician signature</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>

### Chemistry Panels

<table>
<thead>
<tr>
<th>Electrolyte Panel** (LTVES)</th>
<th>CBC auto w/platelet (CBC)</th>
<th>Alanine Aminotransferase (ALT)</th>
<th>Immunoglobulin A (IGA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cl, CO₂, K, Na</td>
<td>CBC w/Diff w/Platelet (CBCD)</td>
<td>(ALT)</td>
<td>Immunoglobulin G (IGG)</td>
</tr>
<tr>
<td>Basic Metabolic Panel** (BMPL)</td>
<td>Erythrocyte Sedimentation Rate (ESR)</td>
<td>Aspartate Aminotransferase (AST)</td>
<td>Immunoglobulin M (IGM)</td>
</tr>
<tr>
<td>Ca, CO₂, Cl, Creat, Glu, K, Na, BUN</td>
<td>Reticulocyte Count (RET/C)</td>
<td>(AST)</td>
<td>Immunoglobulin E (IGE)</td>
</tr>
<tr>
<td>Renal Function Panel** (RFP)</td>
<td>CSF Cell Count (CSFCT)</td>
<td>Alkaline Phosphatase (ALKP)</td>
<td>Lead (LEAD)</td>
</tr>
<tr>
<td>Alb, Ca, CO₂, Cl, Creat, Glu, Phos, K, Na, BUN</td>
<td>Prothrombin Time (PT)</td>
<td>(ALKP)</td>
<td></td>
</tr>
<tr>
<td>Hepatic Function Panel** (HFP)</td>
<td>Activated Partial Thrombin Time (APTT)</td>
<td>Amylase (AMY)</td>
<td>Magnesium (Mg)</td>
</tr>
<tr>
<td>Alb, TBil, DBil, Alb Phos, TP, ALT AST</td>
<td>Prothrombin Time/APTT (PT/PTT)</td>
<td>(AMY)</td>
<td></td>
</tr>
<tr>
<td>Comprehensive Metabolic Panel** (CMP)</td>
<td>Fibrinogen (FIB)</td>
<td>Bilirubin, direct (BIL/D)</td>
<td>Mono Test (MONOT)</td>
</tr>
<tr>
<td>Alb, TBil, Ca, CO₂, Cl, Creat, Glu, Alb Phos, TP, Na, ALT, AST, BUN</td>
<td>Bilirubin, total (BIL/T)</td>
<td>(BIL/D)</td>
<td>Parathyroid Hormone Intact (PTHN)</td>
</tr>
<tr>
<td>Lipid Panel (LIP)</td>
<td>Blood Type ABO and Rh (ABORH)</td>
<td>Blood Urea Nitrogen (BUN)</td>
<td>Pleocytosis (PIECON)</td>
</tr>
<tr>
<td>Chol, Trig, HDL, LDL, VLDL</td>
<td>Direct Coombs (DAT)</td>
<td>Blood Urea Nitrogen (BUN)</td>
<td>(PITN)</td>
</tr>
<tr>
<td>Glucose Tolerance Test 2Hr Only (GTT2H)</td>
<td>Complement 3 (C3)</td>
<td>Phosphorus (PHOS)</td>
<td></td>
</tr>
<tr>
<td>Microbiology</td>
<td>Complement 4 (C4)</td>
<td>Potassium (K)</td>
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</tr>
<tr>
<td>Blood Culture (CUBLD)</td>
<td>HLA B27 (HLAB27)</td>
<td>Pregnancy Serum (HCGSF)</td>
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</tr>
<tr>
<td>Cystic Culture (CUCCST)</td>
<td>Indirect Coombs (INDC)</td>
<td>Pregnancy Urine (UHCG)</td>
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</tr>
<tr>
<td>Stool Culture (CUSTOL)</td>
<td>Isoehemaglutinin F (ISOHEM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine Culture (CURINE)</td>
<td>Type and Screen (TYSC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal Fat, Qual. (FFATQFL)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occult Blood (OCUBLDS)</td>
<td>Rapid Strep Reflex to Culture if negative (RASPI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ova &amp; Parasites (DVAP)</td>
<td>Bordeletta pertussis by PCR (BPPCR)</td>
<td>Creatinine Phosphokinase (CK)</td>
<td>Thyroxine (T4)</td>
</tr>
<tr>
<td>Wound Culture, superficial (CUWND)</td>
<td>C. difficile by PCR (CDTPCR)</td>
<td>Creatinine (CREAT)</td>
<td>Thyroxine Free (T4FEE)</td>
</tr>
<tr>
<td>Ear Culture (CUEAR)</td>
<td>CMV by PCR (CMVPCR)</td>
<td>C-Reactive Protein (CRP)</td>
<td>Thyroid Stimulating Hormone (TSH)</td>
</tr>
<tr>
<td>Eye Culture (CUEYE)</td>
<td>EBV by PCR (EBVPCR)</td>
<td>Ferritin (FER)</td>
<td>Triiodothyronine (T3)</td>
</tr>
<tr>
<td>Other Tests:</td>
<td>See Allergen Requstion for Allergy Testing</td>
<td>Glucose (GLU)</td>
<td>Tegretol (CAR)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Triglycerides (TRIG)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hemoglobin A1C (HBA1C)</td>
<td>Vitamin D, 25-hydroxy (VTD)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Iron (IRON)</td>
<td>Urinalysis (UA)</td>
</tr>
</tbody>
</table>

**Government approved profiles (HCFA Profile) are indicated by **. Each test within these panels must meet the medical necessity criteria to be billed to a government payer.

**Physician address:**

Scottish Rite Campus: 1001 Johnson Ferry Road, NW, Atlanta, GA 30342
Laboratory 404-785-5276, Fax 404-785-4542

Egleston Campus: 1465 Clifton Road, NW, Atlanta, GA 30322
Laboratory 404-785-6415, Fax 404-785-6258
# DOWNTIME MILD TRAUMATIC BRAIN INJURY/CONCUSSION ASSESSMENT CRITERIA TOOL

Children’s Healthcare of Atlanta
Immediate Care Services

<table>
<thead>
<tr>
<th>Forsyth IC</th>
<th>Mount Zion IC</th>
<th>North Point IC</th>
<th>Satellite Blvd IC</th>
<th>Town Center IC</th>
</tr>
</thead>
</table>

**Name:**

**Date of Birth:**

**MRN#**

**Account/HAR#**

---

## Date of Exam:

- [ ] Initial
- [ ] Second
- [ ] Third
- [ ] Fourth
- [ ] Additional

### Injury Assessment

1. Complete Neuro Exam including Glasgow Coma Score

2. **Abnormal Physical findings?**
   - [ ] Direct
   - [ ] Indirect
   - [ ] Unknown
   - a. Is there evidence of a forcible blow to the head (direct or indirect)?
   - b. Is there evidence of intracranial injury or skull fracture?
   - c. Location of Impact:
     - [ ] Frontal
     - [ ] Left Temporal
     - [ ] Right Temporal
     - [ ] Left Parietal
     - [ ] Right Parietal
     - [ ] Occipital
     - [ ] Neck

3. **Cause:**
   - [ ] MVC
   - [ ] Pedestrian-MVC
   - [ ] Fall
   - [ ] Assault
   - [ ] Sports (specify)
   - [ ] Other

4. Was the injury witnessed or un-witnessed?
   - [ ] Witnessed
   - [ ] Un-witnessed

5. **Amnesia:**
   - BEFORE (Retrograde) Are there any events just BEFORE the injury that you/your child have no memory of (even brief)?
   - AFTER (Anterograde) Are there any events just AFTER the injury that you/your child have no memory of (even brief)?

6. **Loss of Consciousness:**
   - Did you/person lose consciousness?
   - [ ] Yes, how long?
   - [ ] No

7. **EARLY SIGNS:**
   - [ ] Appears dazed or stunned
   - [ ] Is confused about events
   - [ ] Answers questions slowly
   - [ ] Repeats questions
   - [ ] Forgetful (recent info)

8. **Seizures:**
   - Were seizures observed?
   - [ ] Yes
   - [ ] No

---

### Check all that apply

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Sleep</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headache</td>
<td>Feeling Mentally Foggy</td>
<td>Drowsiness</td>
<td>Dizziness</td>
</tr>
<tr>
<td>Nausea</td>
<td>Feeling Slowed Down</td>
<td>Trouble Falling Asleep</td>
<td>Emotional</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Difficulty Concentrating</td>
<td>Sleeping More Than Usual</td>
<td></td>
</tr>
<tr>
<td>Balance Problems</td>
<td>Difficulty Remembering</td>
<td>Sleeping Less Than Normal</td>
<td></td>
</tr>
</tbody>
</table>

**Other:**

Do these symptoms worsen with

- Physical Activity: [ ] Yes [ ] No
- Cognitive Activity: [ ] Yes [ ] No

How different is the person acting compared to his/her usual self?

- Normal: 0 1 2 3 4 5
- Very different

---

**List Caregiver providing assessment:**

---

Risk Factor for Protracted Recovery (Check All That Apply)

- Concussion History
- Headache/Vomiting History
- Developmental History
- Psychiatric History

Previous # 1 2 3 4 5 6+

Longest symptom duration
- Days ___
- Weeks ___
- Months ___
- Years ___

If multiple concussion, less force caused re-injury?

List Other co-morbid medical disorders or medication usage (e.g., hypothyroid, seizures, etc.)

Diagnosis Codes

- F07.81 Postconcussional syndrome
- G44.319-Acute post-traumatic headache, not intractable
- S06.0X0A-Concussion without loss of consciousness, initial encounter
- S06.0X0D-Concussion without loss of consciousness, subsequent encounter
- S09.90-Unspecified injury of head
- S06.0X1A-Concussion with loss of consciousness of 30 minutes or less, initial encounter
- S06.0X1D-Concussion with loss of consciousness of 30 minutes or less, subsequent encounter
- S06.0X2A-Concussion with loss of consciousness of 31 minutes to 59 minutes, initial encounter
- S06.0X9A-Concussion with loss of consciousness of unspecified duration, initial encounter
- S06.0X9D-Concussion with loss of consciousness of unspecified duration, subsequent encounter
- Other

Follow-Up Action Plan

- Emergency Department
- Contact Children’s Concussion Nurse at 404-785-KIDS (5437) for:
- CT Scan
- Primary Care Practitioner
- Questions
- Coordination of Care

Notes:

Provider Signature: ___________________________ Date: ________________ Time: ________________

Rehabilitation Services

Physician’s Statement of Medical Necessity and Services

The above-named individual is currently under my medical care. I have recommended the treatment/apparatus indicated, which is medically necessary for optimal care of the condition for which I have been consulted.

Physician’s name

Physician’s signature

Date Time

Physician’s license number

Address

City State ZIP

Fax

For questions about anything on this script, contact:

Physician’s office contact

Phone

Visit choa.org/rehabprofessionals for more information or to reorder this form.

Some physicians and affiliated healthcare professionals on the Children’s Healthcare of Atlanta team are independent providers and are not our employees.

Audiology

- Hearing evaluation/audiogram/otoacoustic emissions testing
- Auditory brainstem response test (choose one)
  - Non-sedated ABR (patient under 4 months old using adjusted age)
  - Sedated ABR (patient at least 4 months old using adjusted age)
- Auditory processing evaluation
- Cochlear implant services
- Hearing aid(s) (choose one)
  - New
  - Established
- Newborn hearing screening/follow-up
- Bone conduction (for softband)
- Bone anchored hearing device (for surgical implants)
- Occupational therapy (OT)
- Physical therapy (PT)
- Speech-language pathology (ST)*
- Auditory-verbal therapy (patient has hearing loss)
- Clinical feeding
  - OT or ST as appropriate
- Voice therapy
- Reading disorder therapy
- Flexible endoscopic evaluation of swallowing (FEES)
  - Egleston hospital
  - Scottish Rite hospital
- Technology/robotic therapy (OT or PT as appropriate)

Assistive technology**

- Augmentative communication
  (OT and ST as appropriate)
- Seating and mobility
- Computer access and environmental control evaluations
- Oral pharyngeal motility study/modified barium swallow study (OPMS)
  - Egleston hospital
  - Scottish Rite hospital
  - Children’s at Webb Bridge
- Orthotics and prosthetics
  (Specify device)
  - Cranial remolding orthosis
  - Cranial remolding with PT evaluation
- Other

Evaluation only ________ Evaluation and treatment as needed ________

Recommended frequency __________ X per _______ (week/month)

Rehab potential:  □ Good  □ Fair  □ Poor

*If your office performed a hearing screening on this patient, indicate the results.

Date of screening ____________________________  □ Pass  □ Fail

**Date of patient’s last office visit: ___________ (Georgia Medicaid requirement)

Height __________ Weight ________ (for assistive technology and wheelchair only)

List specific contraindications, precautions or weight-bearing limitations.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
For this service: Parents, call this number to schedule: Physicians, fax order to this number:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Parents, Call to Schedule</th>
<th>Physicians, Fax Order to this Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation (For services not listed below)</td>
<td>404-785-7100</td>
<td>404-785-7113</td>
</tr>
<tr>
<td>Hand Therapy</td>
<td>404-785-4611</td>
<td>404-785-3732</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>404-785-3718</td>
<td>404-785-3768</td>
</tr>
<tr>
<td>Orthotics and Prosthetics, Cranial Remolding</td>
<td>404-785-3229</td>
<td>404-785-5690</td>
</tr>
<tr>
<td>OPMS, FEES–Egleston</td>
<td>404-785-3255</td>
<td>404-785-1158</td>
</tr>
<tr>
<td>OPMS, FEES–Scottish Rite and Children's at Webb Bridge (OPMS only at Webb Bridge)</td>
<td>404-785-2270</td>
<td>404-785-5311</td>
</tr>
<tr>
<td>Center for Advanced Technology and Robotic Rehabilitation</td>
<td>404-785-4908</td>
<td>404-785-4388</td>
</tr>
</tbody>
</table>

To request an appointment online:
- choa.org/rehabappointment
- choa.org/citararehabilitacion

Location Services offered at this location

<table>
<thead>
<tr>
<th>Location Description</th>
<th>Location Information</th>
<th>Services Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Egleston hospital 1405 Clifton Road NE, Atlanta, GA 30322</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2. Scottish Rite hospital 1001 Johnson Ferry Road NE, Atlanta, GA 30342</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Center for Advanced Technology and Robotic Rehabilitation, 1001 Johnson Ferry Rd NE, Atlanta, GA 30342</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. Children's at Alpharetta Highway 11835 Alpharetta Highway, Roswell, GA 30076</td>
<td>A service of Children's at Scottish Rite hospital</td>
<td>X</td>
</tr>
<tr>
<td>5. Children's at Cobb 1371 Church St. Extension, Marietta, GA 30060</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6. Children's at Duluth 2270 Duluth Highway 120, Suite 200, Duluth, GA 30097</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7. Children's at Executive Park 6 Executive Park Drive NE, Suite 50, Atlanta, GA 30329</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8. Children's at Fayette 1265 Highway 54 West, Suite 200, Fayetteville, GA 30214</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9. Children's at Forsyth 410 Peachtree Parkway, Suite 300, Cumming, GA 30041</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10. Children's at Marietta 175 White St., Suite 350, Marietta, GA 30060</td>
<td>X</td>
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<tr>
<td>11. Children's at Meridian Mark 5445 Meridian Mark Road NE, Atlanta, GA 30342</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12. Children's at Mount Zion 2201 Mount Zion Parkway, Morrow, GA 30260</td>
<td>X</td>
<td></td>
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<tr>
<td>13. Children's at North Druid Hills 1605 Chantilly Drive, Atlanta, GA 30324</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>15. Children's at Sandy Plains 3618 Sandy Plains Road, Suite 100, Marietta GA 30066</td>
<td>X</td>
<td></td>
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<tr>
<td>16. Children's at Satellite Boulevard 2620 Satellite Blvd., Suite 100, Duluth, GA 30096</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>17. The Children's Medical Office Building 5461 Meridian Mark Road NE, Suite 300, Atlanta, GA 30342</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Visit choa.org/locations for door-to-door driving directions.
Date:___________________
Patient Name:______________________________________DOB:_________________Age:____________
Parent's Name:_____________________________________Home Phone:__________________________
Home Address:_____________________________________Cell Phone:____________________________
______________________________________Work Phone:___________________________
Referring Physician:_________________________________Contact Number:________________________
Primary Care Physician:______________________________Office Phone:__________________________
Reason for referral:______________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Diagnosis(es):__________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
New PH clinic appointments are routinely staffed by both a cardiologist and pulmonologist. Please indicate if you would like the patient seen by:     □ Cardiologist only       □ Pulmonologist only

Person completing form (print):___________________Signature:_______________________________

INSTRUCTIONS:

☐ Demographics sheet (including insurance information)
☐ Most recent clinic note
☐ Cardiac catheterization report (if relevant)
☐ Echocardiogram report (if relevant)
☐ Other imaging/clinical information (if relevant)

Call 404-785-2950 (Patricia Lawrence, NP) with questions.

Please fax this form and above documents to 404-785-1869  Total number of pages _________________ (Inclusive)
Advanced Pediatric Imaging

Patient's FULL LEGAL Name: __________________________  DOB: __________________________

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: __________________________  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): __________________________

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
☐ Brain Limited (shunt check)
☐ Epilepsy Surgery Protocol
☐ MRS (spectroscopy)
☐ Perfusion MRI
☐ Functional MRI
☐ Orbit/ Face/ Neck:
☐ Orbit  ☐ Face  ☐ Neck  ☐ Temporal

☐ 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
☐ Orbit  ☐ Sella  ☐ Ear
☐ Maxillofacial / Sinus
☐ Neck

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.
### Pediatric Imaging

**Children's Healthcare of Atlanta**

1405 Clifton Road  
Atlanta, GA 30322  
404-785-6078  
FAX: 404-785-9082

1001 Johnson Ferry Road  
Atlanta, GA 30342  
404-785-2787  
FAX: 404-785-9062

3155 North Point Pkwy,  
Alpharetta, GA 30005  
404-785-9729  
FAX: 404-785-9175

625 Big Shanty Road,  
Kennesaw, GA 30005  
404-785-9988  
FAX: 404-785-9972

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

1001 Johnson Ferry Road  
Atlanta, GA 30342  
404-785-2787  
FAX: 404-785-9062

**ALL AREAS BELOW IN BOLD ARE REQUIRED**

<table>
<thead>
<tr>
<th>Patient’s FULL LEGAL Name:</th>
<th>DOB:</th>
<th>Home Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City:</td>
<td>State: Zip:</td>
</tr>
</tbody>
</table>

Guarantor E-mail: Cell Phone:

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)

**REQUIRED**

Ordering Physician’s Signature

Print MD Name: Office Contact: Practice Phone: Backline Phone: Fax: PCP Fax:

PCP Name (if different): Send Film with Patient: Order Comments / Research Patient / Other?

Special Instructions

- Send CD with patient
- Schedule for (date/time):

### X-RAY

- Neck Soft Tissue
- Clavicle Complete
- Chest (1/2 views)
- Infant Chest w/ Abdomen
- Ribs Unilateral 2 views
- Ribs Bilateral 3 views
- Ribs Bilateral w/ Chest (min 4 views)
- Abdomen AP (KUB)
- Abdomen 2V
- Pelvis (1-2 views)
- Pelvis/Hip Infant/Child (2 views)
- Nose-Rectum, foreign object
- Sinuses, <3/3+ views
- Skull, <4 views
- Joint Survey 1 view, (Rickets)
- C-Spine, 3 views or less
- T Spine (2 views)
- T-L Spine Scoliosis Standing
- L-Spine, 2-3 views (complete)
- Skeletal Survey
- Bone Age
- Bone Length (i.e. scanogram)
- Upper Extremity, Infant (min 2 views)
- Lower Extremity, Infant (min 2 views)
- 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 (1/2 views)
- Tibia/Fibula (2 views)
- Ankle, 2/3 views
- Foot (min 2 views)
- Toe(s) (min 2 views)

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

### OTHER

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

### ULTRASOUND

- Retroperitoneal (Renal)
- Kidney Transplant
- Adrenals Only (LTD Retroperitoneal)
- Abdomen
- Doppler (Vascular Abd/Renal)
- Abdomen Limited (e.g. RUQ/Pyloric)
- Abdomen Limited - Intussusception
- Hips (Dynamic/Static) (less than 6 mos)
- Does child have harness? Y N
- Pelvis, non-OB
- Doppler Transcranial (Hospital Only)
- Soft Tissue Head/Neck
- Encephalogram (Cranial)
- Abdomen Limited - Appendicitis
- Scrotum
- w/ Doppler
- Spinal Canal/Sacrum (< 5 mos)
- Chest
- Breast Limited
- Breast Complete
- Extremity, non-vasc compl.
- Doppler (Vascular Extremity)

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Date of Birth</td>
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<tr>
<td>MRN#</td>
<td></td>
</tr>
<tr>
<td>Account/HAR#</td>
<td></td>
</tr>
</tbody>
</table>

### ALL AREAS BELOW IN BOLD ARE REQUIRED

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Patient’s FULL LEGAL Name</td>
<td></td>
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<tr>
<td>Date of Birth</td>
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<tr>
<td>Phone Number</td>
<td></td>
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<tr>
<td>Address</td>
<td></td>
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<tr>
<td>City, State</td>
<td></td>
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<tr>
<td>ZIP</td>
<td></td>
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<tr>
<td>Insurance/Medicaid Plan</td>
<td></td>
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<tr>
<td>Policy &amp; Group#</td>
<td></td>
</tr>
<tr>
<td>Authorization# (Please also fax a copy of insurance card, front and back, with this order)</td>
<td>Guarantor’s Email</td>
</tr>
<tr>
<td>Reason For Exam (Signs, Symptoms, Chief Complaint)</td>
<td></td>
</tr>
<tr>
<td>Exam to be Completed (If procedure is a Lumbar Puncture, Please notate below if opening/closing pressures are necessary along with CSF samples or CSF samples alone.)</td>
<td></td>
</tr>
<tr>
<td>Lab Orders (If any specimens are to go to the lab, please place Lab Orders below. If this section is not completed, no studies will be completed by the lab.)</td>
<td></td>
</tr>
</tbody>
</table>

### ALL OFFICE CONTACT INFORMATION REQUESTED IS MANDATORY

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ordering Physician’s Printed Name</td>
<td></td>
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<tr>
<td>Practice Name</td>
<td></td>
</tr>
<tr>
<td>Ordering Physician’s Signature</td>
<td></td>
</tr>
<tr>
<td>Office Contact</td>
<td></td>
</tr>
<tr>
<td>Date/Time Signed</td>
<td></td>
</tr>
<tr>
<td>Backline Phone</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>PCP Name (if different):</td>
<td></td>
</tr>
<tr>
<td>PCP Fax</td>
<td></td>
</tr>
</tbody>
</table>

### Interventional Radiology

**Special Instructions**
- Date / Time Req: ____________
- Confirmed Appt: ____________
- Foster Child:  □ Yes  □ No
- Contact: ____________

**Order Comments / Other**

22405-28 (1/17)
Order Form

Sibley Heart Center Cardiology
Phone: 404-256-2593 or 800-542-2233
choa.org/cardiology

Referring Provider: ____________________________________________

Please ask the patient or parent / guardian to bring this signed form at the time of the visit.

If necessary, generate a referral request from the patient’s insurance plan. Please fax the authorization to 404-252-7431.

Patient Name: _______________________________________________ Date of Birth: _____ / _____ / ______ Patient Phone: ____________

Provider Name: (please print) ____________________________ Provider Phone: ____________ Provider Fax: ________________

Provider Signature: _________________________________________ Date: _____ / _____ / ______

Option 1:

- Evaluate and treat

Diagnosis: (Check all that apply)

- Chest pain
- Syncope/lightheadedness
- Palpitations
- Tachycardia
- Cardiac Clearance
- Murmur
- Cyanotic episodes
- Hypertension (Need prior BP readings)
- Hyperlipidemia (Need most recent labs)
- Abnormal ECG (Need previous ECG)
- Other ____________________________________________

(Need appropriate medical records)

-OR-

Option 2:

- Test only (Patient will NOT see a cardiologist)

Please indicate diagnosis or reason for test

Reason for Test ____________________________________________

- ECG (Need previous ECG if available)
- Echocardiogram
- Holter Monitor
- Event Recorder

Orders must be received before a test can be performed.
Fax orders to 404-252-7431

At Sibley Heart Center Cardiology we have a medical interpreter and language line available to assist all non-English speaking patients.
For a list of our physicians and locations please see other side of this form.

Please call us at 404-256-2593 or visit choa.org/orderpad to request more order pads be sent to your office.
Children’s Healthcare of Atlanta
Sleep Disorders Laboratory Order Form

Please print clearly
Child’s name: _____________________________________     Sex: □ M □ F     Child’s DOB: ______________________
Children’s MRN (if known): ___________________ Parent/Guardian’s Name: _________________________________
Address: ___________________________________________     Phone: __________________________     Email: __________________________
Primary phone: ___________________ Alt. Phone: ___________________     Email: __________________________
Preferred language: English___     Spanish ___      Other: _______________
Ordering physician: __________________________     Office Phone: ___________________    Fax: ___________________
Primary care physician (if not the ordering physician): __________________________
Source: □ Office □ TDPC □ Craniofacial □ MDA □ Sickle cell □ Other: _______________
Previous study: □ No □ Yes     If Yes: □ Children’s Healthcare of Atlanta □ Other: __________________________
Reason for study: __________________________

List signs/symptoms, do not use “rule out,” “probable,” “suspected,” etc.

ICD-10 Code (sleep related; required)     Check all that apply: □ R06.83 (snoring) □ G47.33 (obstructive sleep apnea)
□ G47.36 (hypoxemia) □ other(s) __________________________     Other medical problems: □ Down Syndrome □ ADHD □ Autism □ Sickle cell □ Tracheostomy □ Obesity
Insurance company: ___________________________     Group/ID #: __________________________
Pre-certification/authorization number: __________________________

If pre-certification is required by insurance, please obtain and fax the authorization to us no later than one week before the test date.

Evaluation Requested: (for explanation, visit choa.org/sleep or call us)
□ Nocturnal Polysomnogram (CPT code 95810 if > 6 yrs or 95782 if < 6 yrs of age)
This is a complete overnight study that includes sleep staging and respiratory parameters
□ Check here if you would like us to order O2 (if needed) and provide consultation/follow up
□ Cardiology patients: Provide the child’s baseline/expected SpO2 ______________
□ CPAP or Bi-level PAP titration (CPT code 95811 if > 6 yrs or 95783 if < 6 yrs of age)
CPAP/BPAP titration order form required; a sleep medicine or pulmonology consult is recommended
□ Multiple Sleep Latency Test (MSLT) (CPT code 95805)
Nap study for narcolepsy; must also order the Nocturnal Polysomnogram above
A sleep medicine consult is required before an MSLT unless previously evaluated by a neurologist
Special study requests and/or special needs of the child: __________________________

We will schedule the study at the Children’s Sleep Laboratory that is best for the family and the parameters requested:
Egleston Sleep Center   Satellite Boulevard Sleep Center   Scottish Rite Sleep Center

Interpreting group for this study (each of our sleep specialists can interpret studies performed at any location):
□ Children’s Physician Group, EGL Sleep (Drs. Roberta Leu, Daniel Torrez, Han Phan and Romy Hoque)
□ Children’s Physician Group, SR Sleep (Drs. Gary Montgomery and Sophia Kim)

The ordering physician must choose the interpreting group and send clinical notes before we can schedule the study.
Ordering physician signature: ___________________________     Date: __________________________
Please print name clearly: ___________________________

Fax this form and history/clinical notes to 404-785-2211
Questions: Contact Central Scheduling at 404-785-2974 or sleepcenterschedulingoffice@choa.org

Revised 01/2017   CPT Codes as of 2015   Visit choa.org/sleep for more information or to print additional forms.
Children’s Healthcare of Atlanta

SPORTS MEDICINE ORDER FORM

Patient’s name: ____________________________________________ Date: _________________ ICD10 Code: _____________________

Diagnosis: ____________________________________________________________________________________________________

Precautions/specific instructions: ___________________________________________________________________________________

☐ Evaluate and treat

Gait training
☑ Crutches
☐ Non weight-bearing
☐ Touchdown weight-bearing
☐ Partial weight-bearing
☐ Weight-bearing as tolerated
☐ Full weight-bearing

Manual therapy
☑ Joint mobilization
☑ Soft tissue mobilization

Modalities
☑ Cold packs
☑ Electrical stimulation
☑ Hot packs
☑ Iontophoresis
☑ Laser therapy (LLLT)
☑ Ultrasound
☑ As indicated

Therapeutic exercise
☑ Passive ROM
☑ Active assisted ROM
☑ Active ROM
☑ Strengthening
☑ Isokinetic strengthening/test
☑ Home exercise program
☑ Posture education
☑ Neuromuscular re-education
☑ Other______________________

Motion analysis
☑ Running analysis
☑ Throwing/pitching analysis
☑ Other______________________

Return to sport
☒ Baseball and softball
☑ Basketball
☑ Cheerleading
☑ Cycling
☑ Dance
☑ Diving
☑ Football
☑ Gymnastics
☑ Lacrosse
☑ Running
☑ Soccer
☑ Swimming
☑ Tennis
☑ Track and field
☑ Volleyball
☑ Wrestling
☑ Wrestling
☑ Other______________________

Register online

Your child’s doctor has recommended physical therapy rehabilitation through our Sports Medicine Program.

Visit choa.org/sportsregistration to register for an appointment.

After you submit your child’s information through our Sports Medicine Program website, a staff member will contact you to schedule an appointment and answer any questions.
Sports Medicine Program locations

1. Children's at Cherokee
   A service of Children's at Scottish Rite Hospital
   1554 Riverstone Parkway, Suite 160
   Canton, GA 30114
   404-785-4268
   Fax: 404-785-4269

2. Children's at Duluth
   A service of Children's at Scottish Rite Hospital
   2270 Duluth Highway 120, Suite 200
   190 Pass Road NE, Suite 200
   416 Highway 20 West, Suite 200
   A service of Children's at Scottish Rite Hospital
   404-785-8387
   Fax: 404-785-8392

3. Children's at Fayette
   A service of Children's at Scottish Rite Hospital
   1265 Highway 54 West, Suite 200
   Fayetteville, GA 30214
   404-785-8790
   Fax: 404-785-8804

4. Children's at Forsyth
   A service of Children's at Scottish Rite Hospital
   410 Peachtree Parkway, Suite 300
   Cumming, GA 30041
   404-785-3090
   Fax: 404-785-3099

5. Children's at Hamilton Mill
   A service of Children's at Scottish Rite Hospital
   2108 Teron Trace, Suite 200
   Dacula, GA 30019
   404-785-4260
   Fax: 404-785-4265

6. Children's at Hudson Bridge
   A service of Children's at Scottish Rite Hospital
   1496 Hudson Bridge Road
   Stockbridge, GA 30281
   404-785-4163
   Fax: 404-785-4165

7. Children's at Ivy Walk
   A service of Children's at Scottish Rite Hospital
   1675 Cumberland Parkway, Suite 305
   Smyrna, GA 30080
   404-785-4271
   Fax: 404-785-4274

8. Children's at Meridian Mark
   A service of Children's at Scottish Rite Hospital
   5445 Meridian Mark Road NE, Suite 200
   Atlanta, GA 30342
   404-785-8910
   Fax: 404-785-8922

9. Children's at North Druid Hills
   A service of Children's at Scottish Rite Hospital
   1605 Chantilly Drive NE, Suite 200
   Atlanta, GA 30324
   404-785-8421
   Fax: 404-785-8272

10. Children's at Sandy Plains
    A service of Children's at Scottish Rite Hospital
    400 Sandy Plains Road, Suite 100
    Atlanta, GA 30350
    404-785-8316
    Fax: 404-785-8312

11. Children's at Sand Hill
    A service of Children's at Scottish Rite Hospital
    404-785-8323
    Fax: 404-785-8321

12. Children's at Stone Mountain
    A service of Children's at Scottish Rite Hospital
    404-785-8324
    Fax: 404-785-8323

13. Children's at Town Center
    A service of Children's at Scottish Rite Hospital
    7500 North Perimeter Road NE, Suite 200
    Atlanta, GA 30342
    404-785-8570
    Fax: 404-785-8579

14. Children's at Web Bridge
    A service of Children's at Scottish Rite Hospital
    1979 Hudson Bridge Road
    Stockbridge, GA 30281
    404-785-4163
    Fax: 404-785-4165

15. Children's at Wy Walk
    A service of Children's at Scottish Rite Hospital
    165 Phillips Square
    Atlanta, GA 30303
    404-785-8570
    Fax: 404-785-8579

16. Children's at Webb Bridge
    A service of Children's at Scottish Rite Hospital
    3155 North Perimeter Road NE, Suite 200
    Atlanta, GA 30342
    404-785-8570
    Fax: 404-785-8579
Patient's name ____________________________ (Please print)

Patient's Date of Birth _____________________ Patient's Sex:  ☐ Male  ☐ Female

Reason for Referral/presenting Problem ________________________________

Date of Injury/Incident (if applicable): _________________________________

Specialist needed:
☐ Aerodigestive
☐ Allergy/Immunology
☐ Hepatology
☐ Interventional Radiology
☐ Nephrology

Preferred Specialist (if any?):  ☐ None

Preferred Presenting Site (if any?):  ☐ None

Language that family speaks:  ☐ English  ☐ Spanish  ☐ Other: __________________________

Guardian's name ____________________________

City, State ________________________________ County ________________

** If non-biological parent accompanies patient to the appointment either legal guardianship papers or a letter of consent is required.

Daytime Phone # (_____)  ☐ Home  ☐ Cell  ☐ Work
Alternate Phone # (_____)  ☐ Home  ☐ Cell  ☐ Work

Referral made by: _________________________

Printed Physician Name _____________________

Signature _________________________ Time ________

Referring Contact Information:

Address ________________________________

City State Zip ____________________________

Date ________________________________

Phone # _________________________ Fax # _________________________

☐ Referring Physician is the child’s Primary Care Physician

*** Please send the most recent History and Physical (completed within the last year) along with this form.

*** Your telemedicine appointment is not final until the parent/guardian has called 404-785-KIDS to confirm.

Working Together for Better Care

www choa org/telemedicine Phone 404-785-KIDS/1-800-785-DOCS Fax 404-785-5855

Patient Appointment: Date ____________ Time ________ Dr ______________________ Site ____________________________
Tools

accessCHOA tip sheet
Referring patients to a Children’s Emergency Department
Primary care guideline for new onset seizure: First time unprovoked nonfebrile seizure assessment
Radiology CPT codes
When to refer to sports physical therapy: A reference guide
Getting started in accessCHOA

What is accessCHOA?
accessCHOA is a tool that provides real-time web access to patient information, comprised of different web pages or activities that correspond to different tasks. The activity that you use depends on what you want to accomplish. For example, if you want to see detailed information about a patient's lab results, you can use the Results Review activity.

This tip sheet includes information to help you get started, including browser requirements, and how to log in and log out. Each section contains information on how to accomplish the task, along with a picture of the activity for quick reference. Note that these images may differ slightly from what you see when you are using accessCHOA.

Browser, system and connection requirements
We strongly recommend a high-speed internet connection for optimal performance. Your browser must be Java enabled, and you must use one of the following internet browsers to use accessCHOA:
• Microsoft Internet Explorer 8.0 and 11.0 (for Microsoft Windows platforms)
• Mozilla Firefox 3.0 (for Microsoft Windows platforms and Mac OS X platforms)

You also need a minimum screen resolution of 1024x768 pixels, and Adobe Reader must be installed to view documents.

Why use accessCHOA?
This web application is designed to extend continuity of patient care by providing community physicians secure access to select patient information in the patient's medical record. Typical users are physicians, physician assistants, nurse practitioners, nurses, and office staff who require access to patient clinical, demographic and insurance information at Children’s Healthcare of Atlanta.

Users must complete several steps to gain secure access to accessCHOA.
1. Identify individuals in your practice who will require access to accessCHOA. Note that you must identify any physician or provider for whom you would like to see patient information.
2. Include all users who will need access to accessCHOA on the New Practice Request Form at www.accesschoa.org. Be sure to complete all required information.
   • Complete the contact information section at the top of the form.
   • Enter the first name, middle initial, last name, job title and/or practice role of each office staff member.
   • The last four-digits of the social security number is a Children's standard for creating Epic Login IDs for each nonemployed individual who will access confidential patient information.
   • An email address must be provided for each provider or other professional who will use accessCHOA. The email address is used to return the users’ login information, and can also be used to notify users of certain patient events such as a new lab result or admission.
3. Once all information is complete, submit the New Practice Request Form using the “SUBMIT” button at the bottom of the form. Once the practice and users are approved, an email with the user’s login information is generated and sent to each user.

4. Go to www.accesschoa.org to sign in to the web application.

Note: First time users are asked to accept the Terms and Conditions, click “Accept.”

**How do I log in?**

1. Enter the following URL: [http://www.accesschoa.org](http://www.accesschoa.org)
2. Enter the “User ID” that you received in your welcome to accessCHOA email in the User ID field.
3. Press “TAB” to move to the password field. Enter the “Password” that you received in your welcome to accessCHOA email.
4. After you have entered your user ID and password correctly, press “ENTER,” or click the “Log In” button.
5. You will be prompted to change your password, which is required.
6. When the Terms and Conditions page appears, read the agreement and then click “Accept” to acknowledge your agreement with the terms. You are now logged in to accessCHOA.

Note: Terms and conditions will appear when they are updated and on an annual basis.

7. You may be prompted to identify a department when logging in to accessCHOA.
   If you see this screen, click on the magnifying glass,

   ![Magnifying Glass](image)

   and choose the accessCHOA department.

If this is the most common way you log in to the system and would like to have accessCHOA as your default department, contact us at 404-785-6767 and we can make that change for you.

Note: If you see patients at our facilities and log in to “hyperspace”, any changes to your default department in accessCHOA will change your department there as well.
How do I log out?
To maintain patient confidentiality you need to log out, or use secure screen when finished or leaving the computer for any reason. There are two ways to do this:

1. Click to log out of accessCHOA. The next time you log in you are directed to your start page.
2. Secure the computer by clicking. When you log back in you are returned to the same page you were using before securing the screen. There is no need to navigate back to the page you were previously working on.

Show time-out warning
After 20 minutes of inactivity, your accessCHOA session will time out. If your session is about to time out, a warning message appears in the application banner. Until you perform an action such as clicking on a page, or begin to type, the session times out.

What if I forget my password?
See your site administrator or call the solution center at 404-785-6767.

Help and contact information
For help using an activity, click on the web page.

Additional tip sheets can be found within the accessCHOA application on the training page.

Contact the Children's Solution Center at 404-785-6767, if you have any questions or concerns.
Referring patients to a Children’s Emergency Department

Children’s Healthcare of Atlanta believes effective communication between community pediatricians and our Emergency Department physicians is an important part of our shared goal to provide high-quality care to our patients. Before you transfer a patient, review the following information. This will help you and patient families better connect with our services. Please do not send patients to the Emergency Department if they do not have a true emergent need.

Step 1: Call the Transfer Center at 404-785-7778 or 888-785-7778.

We need to know:
• The patient’s name, date of birth and sex
• The patient’s complaint and any other relevant medical, personal or other history
• Whether the patient needs air or ground transportation
• Your cell phone or after-hours contact information for the Emergency Department physician to use if they have questions regarding the patient; direct cell phone numbers are preferred rather than practice numbers, because patient arrival and work-up times may take place after hours
• Whether you would like updates on your patient

Step 2: Decide if you need to speak to an Emergency Department physician regarding an emergent patient.

We need to know:
• Your preferences or concerns regarding the patient
• If you have specific instructions or want advice from an Emergency Department physician or specialist

Step 3: Advise the parents/guardians on next steps.
• To help set proper patient family expectations, please advise families that they may not see a specialist in the Emergency Department. The Emergency Department physicians will determine if the patient’s condition requires an immediate evaluation by a specialist. This is often not required.
• Tell them to keep the child NPO if you anticipate there may be a need for sedation or anesthesia.
• They can download the Children's mobile app to get step-by-step directions to a Children's Emergency Department. This free app can be downloaded on a mobile device by searching for Children's Healthcare of Atlanta on Google Play or the App store, visit choa.org/app to learn more.
• Have them call 404-785-KIDS (5437) if they have questions or need to contact their child’s room after they have been admitted.

Following up on patients
• Check accessCHOA for updates on your patient, or visit the physician portal to review clinical guidelines.
• If you need an update on a patient while they are in the Emergency Department, call the Transfer Center at 404-785-7778 or 888-785-7778. Representatives will attempt to connect you with the patient’s Emergency Department care provider.
Leadership team contacts

We’re here to help. Contact us if you need to connect with our leadership team regarding the Emergency Department.

Primary contacts

Naghma Khan, MD, Medical Director, Emergency Medicine at Egleston hospital and Hughes Spalding hospitals
nkhan01@emory.edu

Jim Beiter, MD, Medical Director, Emergency Medicine at Scottish Rite hospital
james.beiter@choa.org

Cedric Miller, MD, Chief, Emergency Medicine
cedric.miller@choa.org

For unresolved issues, contact our campus medical directors:

• Scottish Rite: Michael Mallory, MD
  michael.mallory@choa.org
• Egleston: Corinne Taylor, MD
  corinne.taylor@choa.org
• Hughes Spalding: Yasmin Tyler-Hill, MD
  yasmin.tyler-hill@choa.org

Frequently asked questions

At Children’s, we are committed to helping physicians experience a smooth transition from patient care in our system through discharge to the patient’s primary medical home.

Q: What is the difference between the Transfer Center and 404-785-DOCS (3627)?
A: The Transfer Center, 404-785-7778, assists physicians and outside facilities with transfers into our system. The Transfer Center helps with emergent patients, transport needs and with consults on patients who need immediate or real-time interventions and guidance.

Our main physician line, 404-785-DOCS, is not for Emergency Department patients. This contact number helps you connect to Children’s services for nonurgent reasons during business hours without having to remember multiple numbers.

Q: Will I be contacted once my patient is discharged?
A: Yes. You will receive notification of patient discharge through fax. We are aware that this process needs improvement and will continue to look for ways to improve communication, specifically related to notifications of patient death. We welcome your feedback on how we can address your important concerns.

Q: How can I help make sure that I get an update about my patient?
A: Notify the Transfer Center that you would like an update from the emergency physician and be sure to leave your direct cell phone or after-hours phone number where you can be reached.

Q: What if my patient wants to go to the Emergency Department because they need a diagnostic test or want to get in sooner to see a specialist?
A: We realize that many patient families do not wish to wait for their appointment with a specialist or want to complete a diagnostic test after hours. These nonemergent visits to the Emergency Department affect our efforts to provide care and efficient service. We are working to centralize referrals and reduce Children’s Physician Group wait times. We are growing our offerings in many key specialty areas and are providing single points of contact for patients and for physicians to improve patient access. We continue to rely on your support to help patient families appropriately utilize the Emergency Department.

Visit the Children’s Physician Portal at md.choa.org for clinical guidelines and resources.
Primary care guideline for new onset seizure

First-time unprovoked nonfebrile seizure assessment

The recommendations in the following guideline do not indicate an exclusive course of treatment. The intent is to build a multifaceted system of care for pediatric patients and provide a framework for clinical decision-making.

Health history is key in determining if a seizure has occurred and if it is the first episode. History should be as detailed as possible and given from a reliable observer. This will help determine what further evaluation is necessary.

Documentation should include:

History
- Age
- Family history of seizures
- Developmental status
- Behavior
- Health at seizure onset (fever, illness, exposures to illness, sleep)
- Past medical history
- Precipitating events other than illness (trauma, toxins, ingestions)

Seizure characteristics
Detailed description of all aspects of the seizure, including:
- Aura (subjective)
- Behavior (mood or behavior changes prior to onset)
- Vocal symptoms (cry, speech changes)
- Motor symptoms including but not limited to:
  - Head or eye movements
  - Posturing
  - Automatisms (lip smacking, finger rolling)
- Generalized or focal movements
- Respiratory symptoms (change in pattern or cyanosis)
- Autonomic symptoms (drooling, incontinence, pallor, vomiting)
- Decrease or loss of consciousness
- Duration of the seizure

Symptoms following seizure
- Amnesia
- Confusion
- Lethargy
- Sleepiness
- Headaches
- Muscle aches
- Transient focal weakness
- Nausea or vomiting

In addition a complete physical exam, a complete neurologic exam should be performed and documented.

Lab evaluation

For patients younger than 6 months of age there is some evidence to support lab screening in the absence of specific suggested features. For patients older than 6 months of age, routine lab screens are not recommended for first nonfebrile seizures without suggestive history or symptoms. Suggested lab screens include serum electrolytes including calcium and magnesium.

Lab tests should be ordered based on the patient’s clinical characteristics and history, such as vomiting, diarrhea, dehydration or persistent abnormal mental status.
- If there is any concern for drug exposure or abuse, perform a toxicology screening.
- If case suggests meningitis or encephalitis, perform a lumbar puncture.
Electroencephalogram (EEG)
An EEG is recommended as part of the evaluation for all children with a first-time unprovoked nonfebrile seizure to determine seizure classification and epilepsy syndrome.

Diagnostic imaging
The goal of the initial imaging is to try to classify the seizures as focal or generalized.

Many generalized seizures have focal onset, which is often missed but is frequently associated with focal epileptiform on an EEG and thus will be classified as focal seizure with second generalization.

Emergent neuroimaging is indicated for children with persistent postictal neurological deficits or for abnormal mental status persisting for several hours after the seizure. Request an urgent neurology consult.

Nonemergent imaging is indicated in children with abnormal development and/or a history of abnormal neurological examination if neuroimaging has not been done before. Nonemergent imaging is an MRI of the brain.

After the second seizure or focal seizure, a nonemergent MRI is always indicated. Children of all ages are possible candidates for neuroimaging.

Diagnosis
Identify the diagnosis.

• Dx1 seizure type: focal or generalized
• Dx2 epilepsy syndrome (remote): can be either symptomatic or genetic
  – Symptomatic: Focal lesion on imaging, intellectual disability, neurological abnormality, etc.
  – Genetic (presumptive): Absence, juvenile myoclonic, benign rolandic epilepsy, positive family history, etc.

Recurrence
It is difficult to predict if a child will have a second seizure. Many children will not have a recurrence. Risk for seizure recurrence for developmentally normal children with normal imaging and EEG is 33 percent. Risk of seizure recurrence with an epileptiform EEG generally exceeds 70 percent.

Treatment
If the first seizure is status epilepticus (a seizure that lasts at least five minutes), consider initiating anticonvulsant therapy. Physicians may consider providing a prescription for rectal Diastat to be used for subsequent seizure lasting longer than five minutes. Remember to provide the guardian with seizure first-aid education, instructions on how to use Diastat and directions to call 911 the first time Diastat is given.

– The protocol for Diastat AcuDial is based on both age and weight:
  • Ages 2 to 5: 0.5 mg/kg
  • Ages 6 to 11: 0.3 mg/kg
  • Ages 12 and up: 0.2 mg/kg

– Doses are available in 2.5 mg intervals, so dosages should be: 2.5, 5, 7.5, 10, 12.5, 15, 17.5 or 20 mg.

– Diastat cannot be in doses larger than 20 mg for any age.

– There is a smaller Diastat tip (4.4 cm) for smaller children (the larger tip is 7 cm).

– The syringes are available in 2.5 mg, 10 mg and 20 mgs (the pharmacist should lock the syringe at the appropriate dose; green ring will appear when this is done).

Referral is indicated for:

• Prolonged, focal or second seizures or developmental delay/neurodevelopmental disability
• Findings on initial workup indicating underlying etiology or true epileptic syndrome (developmental delay, abnormal neurological exam, abnormal neuroimaging or abnormal EEG)
• Patient or parental anxiety

Documentation of medical history and physical including all indicated laboratory, neuroimaging and neurodiagnostic studies should be provided to the consulting physician.

References

Acknowledgments
A special thanks to Kids Health First and to Joann Janas, M.D., for their original protocol development, which is evidence-based, therefore part of this guideline. Kids Health First has been using this protocol for several years and have experienced positive outcomes with managing their patients with their first-time unprovoked seizure.

This guideline was developed through the efforts of Children’s Healthcare of Atlanta and physicians on the Children’s medical staff in the interest of advancing pediatric healthcare. This guideline is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient’s physician must determine the most appropriate care.

If your patient has an emergent or life-threatening condition, stop and call 911 or send him to the nearest hospital emergency department.
# Primary care guideline for new onset seizure

First-time unprovoked nonfebrile seizure assessment

| 1. Obtain a detailed history, a physical and a neurological exam | Seizure history: Age, family history of seizures, developmental status, behavior, health at seizure onset, past medical history, precipitating events (other than illness)  
Seizure characteristics: Aura, behavior, vocal symptoms, motor, generalized or focal movements, respiratory symptoms, autonomic symptoms, decrease or loss of consciousness, duration of seizure  
Symptoms following seizure: Amnesia, confusion, lethargy, sleepiness, headaches, muscle aches, transient focal weakness, nausea or vomiting |
| --- | --- |
| 2. Consider diagnostic testing | Lab testing  
• Under 6 months of age—lab screens of serum electrolytes including calcium and magnesium  
• Over 6 months of age—lab screening not recommended unless suspected:  
  – Drug exposure (toxicology screening)  
  – Meningitis or encephalitis (lumbar puncture)  
Neurophysiology  
• Electroencephalogram (EEG)  
  This test is recommended for patients of all ages. Inform the patient’s family that a neurologist will review and interpret the EEG.  
  – When ordering an EEG, write “NOS” or “new onset seizure” on the order form, and the test will be scheduled within three business days.  
  Visit [choa.org/eegorderform](http://choa.org/eegorderform) to download the EEG order form.  
Neuroimaging  
• MRI  
  This test is only recommended for a second seizure.  
  – When ordering MRI, order an MRI without contrast. Indicate the reason for the exam as “NOS” or “new onset seizure” on the order form.  
Emergent imaging and neurology consult are needed if the patient has:  
• Persistent postictal neurological deficits  
• Abnormal mental status persisting several hours after seizure |
3. Identify diagnosis and treatment

Identify diagnosis
• Dx1 seizure type—focal or generalized (EEG can help classify)
• Dx2 epileptic syndrome—symptomatic (abnormal MRI or neurodevelopmental disability) or genetic (presumptive)

Treatment
• Prescribe the rectal gel Distat as needed for recurrent seizure.
• Provide the guardian with seizure first aid education (turn patient on side and keep track of how long seizure lasts), instructions on how to use Diastat (if the seizure continues longer than five minutes, give Diastat rectally) and directions to call 911 after using Diastat for the first time.

4. Determine need for referral to neurologist

Referral is indicated for:
• Prolonged or second seizure
• Developmental delay/neurodevelopmental disability
• Initial workup finding underlying etiology or true epileptic syndrome
• Patient or parental anxiety

Neurologists are available for consultation Monday to Friday.
• 8 a.m. to 5 p.m.
• Phone: 404-785-DOCS (3627)

Documentation of medical history and a physical including all indicated laboratory, neuroimaging and neurodiagnostic studies should be provided to the consulting physician.

This guideline was developed through the efforts of Children’s Healthcare of Atlanta and physicians on the Children’s medical staff in the interest of advancing pediatric healthcare. This guideline is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient’s physician must determine the most appropriate care.

If your patient has an emergent or life-threatening condition, stop and call 911 or send him to the nearest hospital emergency department.
# Radiology CPT codes

## MRI/MRA

### MRI Head, Neck, Spine

**Protocol or Area of Interest:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70551</td>
<td>MRI Brain w/o</td>
</tr>
<tr>
<td>70552</td>
<td>MRI Brain w/</td>
</tr>
<tr>
<td>70553</td>
<td>MRI Brain w/ &amp; w/o</td>
</tr>
<tr>
<td>70551</td>
<td>MRI Epilepsy Surgery Protocol</td>
</tr>
<tr>
<td>70540</td>
<td>MRI w/o (Orbit, Face, Neck)</td>
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<tr>
<td>70542</td>
<td>MRI w/ (Orbit, Face, Neck)</td>
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<tr>
<td>70543</td>
<td>MRI w/ &amp; w/o (Orbit, Face, Neck)</td>
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<tr>
<td>72141</td>
<td>MRI Spine Cervical w/o</td>
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<tr>
<td>72142</td>
<td>MRI Spine Cervical w/</td>
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<tr>
<td>72156</td>
<td>MRI Spine Cervical w/ &amp; w/o</td>
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<tr>
<td>72146</td>
<td>MRI Spine Thoracic w/o</td>
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<tr>
<td>72147</td>
<td>MRI Spine Thoracic w/</td>
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<tr>
<td>72157</td>
<td>MRI Spine Thoracic w/ &amp; w/o</td>
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<td>72148</td>
<td>MRI Spine Lumbar w/o</td>
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<td>72149</td>
<td>MRI Spine Lumbar w/</td>
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<td>72158</td>
<td>MRI Spine Lumbar w/ &amp; w/o</td>
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<tr>
<td>72141, 72146, 72148</td>
<td>Complete Spine w/o</td>
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<td>72142, 72147, 72149</td>
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<td>72156, 72157, 72158</td>
<td>Complete Spine w/ &amp; w/o</td>
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### MRI Chest, Abdomen, Pelvis

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<tr>
<th>Code</th>
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<tr>
<td>71550</td>
<td>MRI Chest w/o</td>
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<tr>
<td>71552</td>
<td>MRI Chest w/ &amp; w/o</td>
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<tr>
<td>74181</td>
<td>MRI Abdomen w/o</td>
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<tr>
<td>74181</td>
<td>MRI FERRISCAN</td>
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<tr>
<td>74183</td>
<td>MRI Abdomen w/ &amp; w/o</td>
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<tr>
<td>74181, 72195</td>
<td>MRI Enterography w/o</td>
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<tr>
<td>74182, 72196</td>
<td>MRI Enterography w/</td>
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<tr>
<td>74183, 72197</td>
<td>MRI Enterography w/ &amp; w/o</td>
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<tr>
<td>72195</td>
<td>MRI Pelvis w/o (i.e. Hip)</td>
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<tr>
<td>72197</td>
<td>MRI Pelvis w/ &amp; w/o (i.e. Hip)</td>
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<tr>
<td>74183, 72197</td>
<td>MRI Renal Study (Abd/Pel)</td>
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<td>74181, 72195</td>
<td>MRI Abd/Pelvis w/o</td>
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<tr>
<td>72141, 73221</td>
<td>Brachial Plexus w/o “Shoulder” Neuro</td>
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<tr>
<td>74712</td>
<td>MRI Fetal-1st gestation</td>
</tr>
<tr>
<td>74713</td>
<td>MRI Fetal-each addtl’ gestation</td>
</tr>
</tbody>
</table>

### MRI Shoulder, Elbow, Wrist, Knee, Ankle

- **Upper Extremity Joint w/o**
  - Elbow: 73221
  - Hip: 73525, 27093, 73722
  - Shoulder: 73040, 23350, 73222
  - Wrist: 73115, 25246, 73222

### MRI Humerus, Forearm, Femur, Tibia, Fibula, Foot

- **Upper Extremity w/o**
  - Elbow: 73218
  - Hip: 73718
  - Shoulder: 73720

### Arthrograms

- **Elbow**: 73085, 24220, 73222
- **Hip**: 73525, 27093, 73722
- **Shoulder**: 73040, 23350, 73222
- **Wrist**: 73115, 25246, 73222

### MR Angiography, Venography, Cardiac

- **Head w/o**: MRA or MRV 70544
- **Head w/**: MRA or MRV 70545
- **Head w/ & w/o**: MRA or MRV 70546
- **Neck w/o**: MRA or MRV 70547
- **Neck w/**: MRA or MRV 70548
- **Abdomen**: MRA or MRV 74185
- **Pelvis**: MRA or MRV 72198
- **Lower Extremity**: MRA or MRV 73725
- **Upper Extremity**: MRA or MRV 73225

### Cardiac MRI—Egleston Only

- **Chest**: MRA or MRV 71555
- **Spectroscopy**: 76390
- **MRI Heart w/ w/o contrast**
  - MRI Heart w/o contrast: 75557
  - MRI Heart w/ & w/o, w/ Stress: 75563
  - MRI Heart w/o, w/ Stress: 75559
  - MRI Velocity Flow Mapping: 75565
- **Heart Iron Quantification**
## Radiology CPT codes

### CT

#### Head, Face, Neck, Sinus, 3D
- CT Head w/o contrast: 70450
- CT Head w/ contrast: 70460
- CT Head w/ & w/o contrast: 70470
- CT Orbit/Sella/Ear w/o contrast: 70480
- CT Orbit/Sella/Ear w/ contrast: 70481
- CT Neck w/ contrast: 70491
- CT Maxillofacial/Sinus w/o contrast: 70486
- CT Maxillofacial w/ contrast: 70487
- 3D Volume Rendering/Recon (PC): 76377

#### Spine
- CT Cervical Spine w/o contrast: 72125
- CT Thoracic Spine w/o contrast: 72128
- CT Lumbar Spine w/o contrast: 72131

#### Abdomen, Pelvis, Chest
- Abd/Pel w/ (Entire Abd Cavity): 74177
- Abd/Pel w/o (Entire Abd Cavity): 74176
- Abd/Pel w/ & w/o (Entire Abd Cavity): 74178
- Chest/Abd/Pel w/: 74177, 71260
- CT Abdomen w/o contrast: 74150
- CT Abdomen w/ contrast: 74160
- CT Chest w/o contrast: 71250
- CT Chest w/ contrast: 71260
- CT Limited Hip w/o contrast (Spica): 76380
- CT Pelvis w/o contrast: 72192

#### Extremities
- L R CT Upper Extremity w/o: 73200
- L R CT Lower Extremity w/o: 73700

#### Angiography
- CT Angiography Head: 70496
- CT Angiography Neck: 70498
- CT Angiography Chest: 71275
- CT Angiography Abdomen: 74175
## Fluoroscopy

<table>
<thead>
<tr>
<th>Procedure</th>
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<tbody>
<tr>
<td>Voiding Cystogram</td>
<td>51600, 74455</td>
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<tr>
<td>Urine Culture (from catheter)</td>
<td>87088</td>
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<tr>
<td>Cystogram (non-voiding)</td>
<td>74430</td>
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<tr>
<td>Esophagram</td>
<td>74220</td>
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<tr>
<td>Airway Fluoro/Diaphragm</td>
<td>70370</td>
</tr>
<tr>
<td>Upper GI Series</td>
<td></td>
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<tr>
<td>(thru duodenum)</td>
<td>74240-74241</td>
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<tr>
<td>Upper GI Series through Tube</td>
<td>74240-74241</td>
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<tr>
<td>UGI SBFT (esoph thru colon)</td>
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<td>Barium Enema</td>
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<td>Mod Barium Swallow OPMS</td>
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<td>Therapeutic Enema</td>
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<td>G-Tube Check</td>
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<td>Inject Contrast Check Line</td>
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## Nuclear Medicine

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<th>Procedure</th>
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<td>Sedation Possible &lt;5yr or Special Need</td>
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<td>DEXA Bone Density</td>
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<td>Nuclear Cystogram</td>
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<td>Thyroid Scan Multi-Uptake (I-123)</td>
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<td>HIDA</td>
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<td>w/ CCK</td>
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<td>Gastric Emptying Scan</td>
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<tr>
<td>Meckels Scan</td>
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<tr>
<td>Kidney w/ Lasix (MAG3/DTPA)</td>
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<tr>
<td>Kidney w/o Lasix (MAG3/DTPA)</td>
<td>78707</td>
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<tr>
<td>Kidney, Static (DMSA)</td>
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<tr>
<td>Lung Scan Perfusion</td>
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<td>Lung Scan Ventil &amp; Perfusion</td>
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<td>Brain Scan w/ SPECT</td>
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<tr>
<td>Bone Scan w/ SPECT (78320)</td>
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<tr>
<td>3 Phase Bone Scan (specify area)</td>
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<tr>
<td>CSF Shunt Evaluation</td>
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<td>MIBG Whole Body SPECT</td>
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<td>GFR</td>
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## Ultrasound

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<th>Procedure</th>
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<td>Retroperitoneal (Renal)</td>
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<td>Kidney Transplant</td>
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<td>Adrenals Only (LTD Retroperitoneal)</td>
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<tr>
<td>Abdomen</td>
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<td>Doppler (Vascular Abd/Renal)</td>
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<td>Abdomen Limited (ie RUQ/Pyloric)</td>
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<tr>
<td>Hips (Dynamic) (less than 6 mos)</td>
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<tr>
<td>Hips (Static) (less than 6 mos)</td>
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<td>Pelvis, non-OB</td>
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<td>Doppler Transcranial (Hospital Only)</td>
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<td>Soft Tissue Head/Neck</td>
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<td>Encephalogram (Cranial)</td>
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<td>Scrotum</td>
<td>76870</td>
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<tr>
<td>w/ Doppler</td>
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<tr>
<td>Spinal Canal/Sacrum (&lt; 5 mos)</td>
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<tr>
<td>Chest</td>
<td>76604</td>
</tr>
<tr>
<td>Breast(s)</td>
<td>76645</td>
</tr>
<tr>
<td>Extremity, non-vasc compl. (i.e. mass)</td>
<td>76881</td>
</tr>
<tr>
<td>Doppler (Vascular Extremity)</td>
<td>93971</td>
</tr>
</tbody>
</table>
# Radiology CPT codes

**X-ray**

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck Soft Tissue</td>
<td>70360</td>
</tr>
<tr>
<td>Clavicle Complete</td>
<td>73000</td>
</tr>
<tr>
<td>Chest (1/2 views)</td>
<td>71010, 71020</td>
</tr>
<tr>
<td>Infant Chest w/ Abdomen</td>
<td>74000, 71010</td>
</tr>
<tr>
<td>Ribs Unilateral 2 views</td>
<td>71100</td>
</tr>
<tr>
<td>Ribs Bilateral 3 views</td>
<td>71110</td>
</tr>
<tr>
<td>Ribs Bilateral w/ Chest (min 4 views)</td>
<td>71111</td>
</tr>
<tr>
<td>Abdomen AP/Decub/Erect</td>
<td>74020</td>
</tr>
<tr>
<td>Abdomen AP (KUB)</td>
<td>74000</td>
</tr>
<tr>
<td>Pelvis (1-2 views)</td>
<td>72170</td>
</tr>
<tr>
<td>Hips Unilateral w/Pelvis, 1V</td>
<td>73501</td>
</tr>
<tr>
<td>Hips Bilateral w/Pelvis, 2V</td>
<td>73521</td>
</tr>
<tr>
<td>Hips, 3-4V</td>
<td>73522</td>
</tr>
<tr>
<td>Nose-Rectum, foreign object</td>
<td>76010</td>
</tr>
<tr>
<td>Shoulder (min 2 views)</td>
<td>73030</td>
</tr>
<tr>
<td>Humerus (min 2 views)</td>
<td>73060</td>
</tr>
<tr>
<td>Elbow (2 views)</td>
<td>73070</td>
</tr>
<tr>
<td>Forearm (2 views)</td>
<td>73090</td>
</tr>
<tr>
<td>Wrist (min 3 views)</td>
<td>73110</td>
</tr>
<tr>
<td>Hand (min 3 views)</td>
<td>73130</td>
</tr>
<tr>
<td>Finger(s) (min 2 views)</td>
<td>73140</td>
</tr>
<tr>
<td>Femur 1V</td>
<td>73551</td>
</tr>
<tr>
<td>Femur (2 views)</td>
<td>73552</td>
</tr>
<tr>
<td>Knee (1/2 views)</td>
<td>73560</td>
</tr>
<tr>
<td>Tibia/Fibula (2 views)</td>
<td>73590</td>
</tr>
<tr>
<td>Ankle, 2/3 views</td>
<td>73600, 73610</td>
</tr>
<tr>
<td>Foot (min 3 views)</td>
<td>73630</td>
</tr>
<tr>
<td>Toe(s) (min 2 views)</td>
<td>73660</td>
</tr>
<tr>
<td>Sinuses, &lt;3/3+ views</td>
<td>70210, 70220</td>
</tr>
<tr>
<td>Skull, &lt;4 views</td>
<td>70250</td>
</tr>
<tr>
<td>Joint Survey 1 views, (Rickets)</td>
<td>77077</td>
</tr>
<tr>
<td>C-Spine, 3 views or less</td>
<td>72040</td>
</tr>
<tr>
<td>L Spine, 2-3 views (complete)</td>
<td>72100</td>
</tr>
<tr>
<td>Spine, entire TL (scoliosis) 1V</td>
<td>72081</td>
</tr>
<tr>
<td>Spine, entire TL 2 or 3 views</td>
<td>72082</td>
</tr>
<tr>
<td>Spine, entire TL 4 or 5 views</td>
<td>72083</td>
</tr>
<tr>
<td>Spine, entire TL minimum of 6V</td>
<td>72084</td>
</tr>
<tr>
<td>T-Spine (2 views)</td>
<td>72070</td>
</tr>
<tr>
<td>Skeletal Survey</td>
<td>77075, 77076</td>
</tr>
<tr>
<td>Bone Age</td>
<td>77072</td>
</tr>
<tr>
<td>Bone Length (i.e. scanogram)</td>
<td>77073</td>
</tr>
</tbody>
</table>
When to refer to sports physical therapy

These guidelines are intended to support your clinical referral decisions to either orthopaedic physicians or sports medicine physical therapy. Follow the center categories and choose the appropriate corresponding column based on your patient’s case history. If the majority of responses fall in the acute macrotraumatic injury column, the patient should be referred to an orthopaedic physician. Conversely, if most responses fall in the chronic microtraumatic injury column, the patient may be referred directly to sports medicine physical therapy. All patients should be referred to pediatric specialists, whether a physician or physical therapist.

To make a physical therapy referral:
- Give your patient an order for physical therapy evaluation and treatment. Visit choa.org/forms to request our order pads and in-services.
- Direct the parent to choa.org/sportsregistration to register for an appointment online. Once the information is submitted, a Children’s staff member will contact the patient to schedule an appointment and answer any questions.

Visit choa.org/sportsmed for more information.

### Back pain
**cervical/thoracic and lumbar/pelvic**

<table>
<thead>
<tr>
<th>Acute macrotraumatic injury</th>
<th>Chronic microtraumatic injury (overuse)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONSET</strong></td>
<td><strong>MECHANISM</strong></td>
</tr>
<tr>
<td>Typically atraumatic, chronic</td>
<td>Typically weight bearing, external force applied</td>
</tr>
<tr>
<td><strong>PAIN</strong></td>
<td><strong>PARTICIPATION</strong></td>
</tr>
<tr>
<td>Along soft tissues</td>
<td>Progressively diminished tolerance following injury</td>
</tr>
<tr>
<td><strong>MOVEMENT</strong></td>
<td><strong>SYMPTOMS</strong></td>
</tr>
<tr>
<td>Symptoms worsen with flexion or rotation</td>
<td>At time of injury: pop, rip, “gave out”</td>
</tr>
<tr>
<td><strong>RADICULOPATHY</strong></td>
<td><strong>EDEMA</strong></td>
</tr>
<tr>
<td>Absent</td>
<td>Minimal or absent</td>
</tr>
<tr>
<td>Refer to a pediatric sports medicine physician or orthopaedist</td>
<td>Refer to pediatric sports medicine physical therapy</td>
</tr>
</tbody>
</table>

### Extremity pain
**upper/lower extremity**

<table>
<thead>
<tr>
<th>Acute macrotraumatic injury</th>
<th>Chronic microtraumatic injury (overuse)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONSET</strong></td>
<td><strong>Insidious</strong></td>
</tr>
<tr>
<td>Typically acute or acute on chronic</td>
<td>Typically unknown</td>
</tr>
<tr>
<td><strong>PAIN</strong></td>
<td><strong>MECHANISM</strong></td>
</tr>
<tr>
<td>Typically weight bearing, external force applied</td>
<td>Unable to participate following injury</td>
</tr>
<tr>
<td><strong>MOVEMENT</strong></td>
<td><strong>PARTICIPATION</strong></td>
</tr>
<tr>
<td>Unable to participate since injury</td>
<td>Progressively diminished tolerance following injury</td>
</tr>
<tr>
<td><strong>RADICULOPATHY</strong></td>
<td><strong>SYMPTOMS</strong></td>
</tr>
<tr>
<td>Absent</td>
<td>At time of injury: pop, rip, “gave out”</td>
</tr>
<tr>
<td>Refer to a pediatric sports medicine physician or orthopaedist</td>
<td>Refer to pediatric sports medicine physical therapy</td>
</tr>
</tbody>
</table>

If your patient has an emergency or life-threatening condition, stop and call 911 or send him to the closest hospital emergency department.