

# Children's Healthcare of Atlanta

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Physician Resource Guide



**Children's**<sup>SM</sup>  
Healthcare of Atlanta



**Children's**<sup>SM</sup>  
Healthcare of Atlanta

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# Physician resources



# 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](https://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](https://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](https://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](tel: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](https://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](https://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](mailto:contact@tccn-choa.org) or **404-785-7935**.

## Physician outreach

**[choa.org/outreach](https://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](mailto:physicianoutreach@choa.org) or **404-785-7595**.



# Patient family resources

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.

Patient 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](https://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

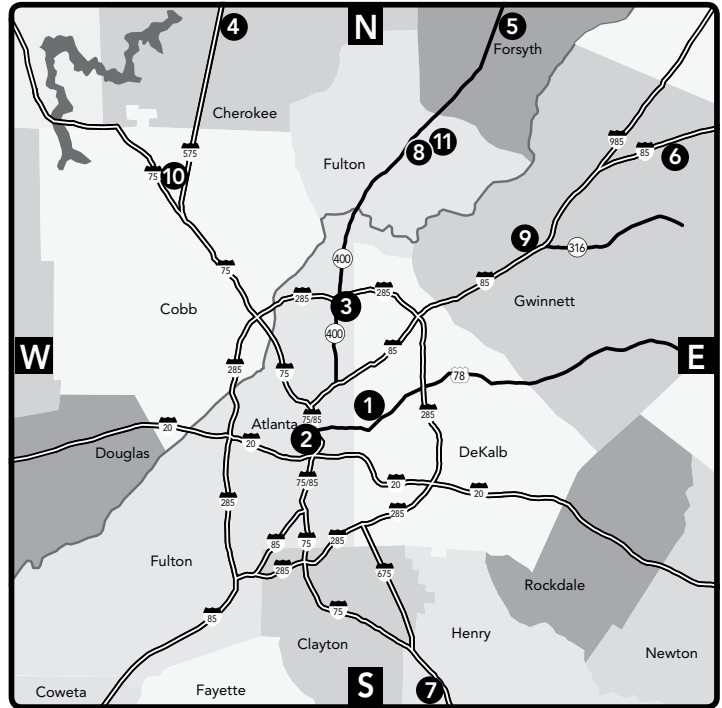
In The Collection at Forsyth  
410 Peachtree Parkway, Suite 300  
Cumming, GA 30041  
404-785-KIDS (5437)  
Urgent care, lab and X-ray\*

## 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\*



Map not drawn to scale

## 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](https://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](https://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

# Contact information

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

Transfer Center: **888-785-7778 or 404-785-7778**

Parent/guardian: **404-785-KIDS (5437)**

Website: **choa.org/md**

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

## 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

Telemedicine

## 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

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/hearingloss](http://choa.org/hearingloss) for addresses and directions.

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

Telemedicine (Psychology)\*

## 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

Hughes Spalding hospital


 404-785-9930


 404-785-9783

**Stephanie V. Blank Center  
for Safe and Healthy Children**

35 Jesse Hill Jr. Drive SE  
Atlanta, GA 30303

Northside Professional Center

 404-785-3820

 404-785-3850

**Stephanie V. Blank Center  
for Safe and Healthy Children**

975 Johnson Ferry Road, Suite 350  
Atlanta, GA 30342

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


## CONCUSSION


 404-785-DOCS (3627)

 404-785-9111

## CRANIOFACIAL AND PLASTIC SURGERY

Center for Craniofacial Disorders

 404-785-DOCS (3627)


 404-785-9111


**The Children's Medical Office Building**

5461 Meridian Mark Road NE, Suite 200  
Atlanta, GA 30342

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

Plastic Surgery

 404-785-7792

 404-785-7806

**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

## CYSTIC FIBROSIS

Egleston-based providers


 404-785-DOCS (3627)


 404-785-9111

**Children's at North Druid Hills**

1605 Chantilly Drive, Suite 305  
Atlanta, GA 30324

Scottish Rite-based providers

 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*

## DIABETES AND ENDOCRINOLOGY

 404-785-DOCS (3627)

 404-785-9111

**Emory Children's Center Building**

2015 Uppergate Drive  
Atlanta, GA 30322

**Hughes Spalding hospital**

35 Jesse Hill Jr. Drive SE  
Atlanta, GA 30303

**Children's at Cobb**

1371 Church St. Extension  
Marietta, GA 30060

**Children's at Forsyth**

In The Collection at Forsyth  
410 Peachtree Parkway, Suite 300  
Cumming, GA 30041

**Children's at Meridian Mark**

5445 Meridian Mark Road NE, Suite 420  
Atlanta, GA 30342

**Children's at North Druid Hills**

1605 Chantilly Drive  
Atlanta, GA 30324

**Children's at North Point**

3795 Mansell Road  
Alpharetta, GA 30022

**Children's at Satellite Boulevard**

2660 Satellite Blvd.  
Duluth, GA 30096

**St. Mary's Health Care System**

1230 Baxter St.  
Athens, GA 30606



## DIABETES AND ENDOCRINOLOGY, CONTINUED

### Diabetes Education Program

**Egleston hospital**  
1405 Clifton Road NE  
Atlanta, GA 30322

**404-785-1724**

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

**404-785-4841**

### FETAL CARE CENTER

 **404-785-3916**

 **404-785-1526**

**Egleston hospital**  
1405 Clifton Road NE  
Atlanta, GA 30322

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

### GASTROENTEROLOGY

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

 **404-785-9111**

**Children's at Cobb**  
1371 Church St. Extension  
Marietta, GA 30060


**Children's at North Druid Hills**  
1605 Chantilly Drive NE, Suite 305  
Atlanta, GA 30324


**Children's at Satellite Boulevard**  
2660 Satellite Blvd.  
Duluth, GA 30096

**Emory Children's Center Building**  
2015 Uppergate Drive  
Atlanta, GA 30322

**St. Mary's Health Care System**  
1230 Baxter St.  
Athens, GA 30606


### Eosinophilic esophagitis


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

 **404-785-9111**


**Emory Children's Center Building**  
2015 Uppergate Drive  
Atlanta, GA 30322


### Fecal microbiota transplant

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

 **404-785-9111**


### Inflammatory bowel disease


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

 **404-785-9111**


**Emory Children's Center Building**  
2015 Uppergate Drive  
Atlanta, GA 30322


### Integrated Enteral Feeds Advancement Team (IEAT)

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

 **404-785-9111**

### Intestinal rehab and short bowel syndrome

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

 **404-785-9111**

**Egleston hospital**  
1405 Clifton Road NE  
Atlanta, GA 30322



## GENERAL AND THORACIC SURGERY

### Egleston-based providers



404-785-DOCS (3627)



404-785-9111

#### Children's at Century Boulevard

1975 Century Blvd., Suite 6  
Atlanta, GA 30345

#### Children's at Cobb

1371 Church St. Extension  
Marietta, GA 30060

#### Children's at Fayette

1265 Highway 54 West, Suite 200  
Fayetteville, GA 30214

#### Children's at Satellite Boulevard

2660 Satellite Blvd.  
Duluth, GA 30096

#### Hawthorne Medical Center

1000 Hawthorne Ave., Building S  
Athens, GA 30606

#### Regional Pediatric Center

705 17<sup>th</sup> Street, Suite 406  
Columbus, GA 31901

### Scottish Rite-based providers



404-785-DOCS (3627)



404-785-9111

#### The Children's Medical Office Building

5461 Meridian Mark Road NE, Suite 570  
Atlanta, GA 30342

#### Children's at East Cobb

1255 Johnson Ferry Road  
Marietta, GA 30068

#### Children's at Forsyth

In The Collection at Forsyth  
410 Peachtree Parkway  
Cumming, GA 30041

#### Children's at Old Milton Parkway

3300 Old Milton Parkway, Suite 225  
Alpharetta, GA 30005

#### Children's at Satellite Boulevard

2660 Satellite Blvd.  
Duluth, GA 30096

## GENETICS



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*

## HEMATOLOGY/ONCOLOGY

### Aflac Cancer and Blood Disorders Center



404-785-1112 or 888-785-1112



404-785-9111

#### Egleston hospital

1405 Clifton Road NE  
Atlanta, GA 30322

Inpatient and outpatient: *cancer, blood disorders, and blood and marrow transplant (BMT)*

#### Hughes Spalding hospital

Second Floor, Specialty Clinics  
35 Jesse Hill Jr. Drive SE  
Atlanta, GA 30303

Outpatient: *blood disorders and transfusion services*

#### Scottish Rite hospital

1001 Johnson Ferry Road NE  
Atlanta, GA 30342

Inpatient: *cancer and blood disorders*

#### The Children's Medical Office Building

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

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

Outpatient: *cancer and blood disorders*

## HEPATOLOGY



404-785-DOCS (3627)



404-785-9111

#### Children's at Satellite Boulevard

2660 Satellite Blvd.  
Duluth, GA 30096

#### Egleston hospital

1405 Clifton Road NE  
Atlanta, GA 30322

#### Emory Children's Center Building

2015 Uppergate Drive  
Atlanta, GA 30322

### Telemedicine

## INFECTIOUS DISEASES



404-785-DOCS (3627)



404-785-9111

#### The Children's Medical Office Building

5461 Meridian Mark Road NE, Suite 520  
Atlanta, GA 30342

#### Emory Children's Center Building

2015 Uppergate Drive  
Atlanta, GA 30322

## LAB

### Egleston hospital

1405 Clifton Road NE  
Atlanta, GA 30322



404-785-6415

404-785-6415 (outpatient collection)



404-785-6528

404-785-6258 (outpatient collection)

### Scottish Rite hospital

1001 Johnson Ferry Road NE  
Atlanta, GA 30342



404-785-2039

404-785-5276 (outpatient collection)



404-785-4541

404-785-4542 (outpatient collection)

### Children's at Forsyth

In The Collection at Forsyth  
410 Peachtree Parkway, Suite 300  
Cumming, GA 30041



404-785-3079



404-785-3068

### Children's at Hudson Bridge

In the Hudson Bridge Crossing shopping  
center, 1510 Hudson Bridge Road  
Stockbridge, GA 30281



404-785-8676



404-785-8709

### Children's at Satellite Boulevard

2660 Satellite Blvd.  
Duluth, GA 30096



404-785-8465



404-785-8642

### Children's at Town Center

625 Big Shanty Road NW  
Kennesaw, GA 30144



404-785-9738



404-785-9774

### Children's at Webb Bridge

3155 North Point Parkway, Building A  
Alpharetta, GA 30005



404-785-8154



404-785-8468

## NEPHROLOGY



404-785-DOCS (3627)



404-785-9111

### Egleston hospital

1405 Clifton Road NE  
Atlanta, GA 30322

### Children's at Cobb

1371 Church St. Extension  
Marietta, GA 30060

### Children's at North Point

3795 Mansell Road  
Alpharetta, GA 30022

### Emory Children's Center Building

2015 Uppergate Drive  
Atlanta, GA 30322

### St. Mary's Health Care System

1230 Baxter St.  
Athens, GA 30606

### Telemedicine

404-785-DOCS (3627)

### Chronic Kidney Disease Clinic



404-785-DOCS (3627)



404-785-9111

### Egleston hospital

1405 Clifton Road NE  
Atlanta, GA 30322

### Hypertension Program



404-785-DOCS (3627)



404-785-9111


### Egleston hospital


1405 Clifton Road NE  
Atlanta, GA 30322



## NEUROSCIENCES

### Children's Epilepsy Center


 404-785-DOCS (3627)


 404-785-9111

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

**Egleston hospital**  
1405 Clifton Road NE  
Atlanta, GA 30322

### Ketogenic Diet Clinic

 404-785-DOCS (3627)


 404-785-9111

**Egleston hospital**  
1405 Clifton Road NE  
Atlanta, GA 30322

### Telemedicine

### Neurology

404-785-DOCS (3627)

 404-785-9111

**Hughes Spalding hospital**  
35 Jesse Hill Jr. Drive SE  
Atlanta, GA 30303

**Children's at Forsyth**  
In The Collection at Forsyth  
410 Peachtree Parkway, Suite 300  
Cumming, GA 30041


**Children's at East Cobb**  
1255 Johnson Ferry Road, Suite 2  
Marietta, GA 30068


**Northside Professional Center**  
975 Johnson Ferry Road NE, Suite 340  
Atlanta, GA 30342

**Children's at North Druid Hills**  
1605 Chantilly Drive NE, Suite 300  
Atlanta, GA 30324

**St. Mary's Health Care System**  
1230 Baxter St.  
Athens, GA 30606

### Neurophysiology (EEG)

 404-785-2046

 404-785-2204

**Egleston hospital**  
1405 Clifton Road NE  
Atlanta, GA 30322

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


**Children's at Forsyth**  
In The Collection at Forsyth  
410 Peachtree Parkway, Suite 300  
Cumming, GA 30041


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

### Children's at North Druid Hills

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

### Neuropsychology


 404-785-DOCS (3627)


 404-785-9111

**The Children's Medical Office Building**  
5461 Meridian Mark Road NE, Suite 180  
Atlanta, GA 30342

**Children's at Houston Mill**  
1547 Clifton Road NE, Suite 200  
Atlanta, GA 30322

### Neurosurgery

 404-785-DOCS (3627)

 404-785-9111

**The Children's Medical Office Building**  
5461 Meridian Mark Road NE, Suite 540  
Atlanta, GA 30342

**Archbold Medical Center**  
915 Gordon Avenue  
Thomasville, GA 31792


**Regional Pediatric Center**  
705 17th St., Suite 406  
Columbus, GA 31901


### Resource Medical

1500 Oglethorpe Ave., Building 600EF  
Athens, GA 30606

## ORTHOPAEDICS


### Brachial Plexus Clinic

 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*



## ORTHOPAEDICS, CONTINUED

**Hand and Upper Extremity Program**  404-785-HAND (4263)



**Hip Program**  404-785-HIPS (4477)

**Limb Deficiency Program**  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.

**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.

**Spine Program**  404-785-4126

**OTOLARYNGOLOGY (ENT)**  404-785-DOCS (3627)  404-785-9111



**Emory Children's Center Building**  
2015 Uppergate Drive  
Atlanta, GA 30322

**Children's at Cobb**  
1371 Church St. Extension  
Marietta, GA 30060

**Children's at Fayette**  
1265 Highway 54 West  
Fayetteville, GA 30214

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

**Telemedicine**



**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.

**PAIN RELIEF**  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*

## PULMONOLOGY

**Egleston-based providers**  404-785-DOCS (3627)  404-785-9111

**Children's at North Druid Hills**  
1605 Chantilly Drive NE, Suite 305  
Atlanta, GA 30324

**Telemedicine**

**Scottish Rite-based providers**  404-785-DOCS (3627)  404-785-9111

**Children's at Old Milton Parkway**  
3300 Old Milton Parkway, Suite 300  
Alpharetta, GA 30005

**Hughes Spalding hospital**  
35 Jesse Hill Jr. Drive SE  
Atlanta, GA 30303

**Oak Hill Professional Park**  
60 Oak Hill Blvd., Suite 102  
Newnan, GA 30265

**Pavilion at Lake Hearn**  
1100 Lake Hearn Drive, Suite 450  
Atlanta, GA 30342

**Resource Medical Center**  
1500 Oglethorpe Ave., Suite 600E  
Athens, GA 30606

**Telemedicine**



## 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 30096

**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

 **404-785-2274**

### Scottish Rite hospital

1001 Johnson Ferry Road NE  
Atlanta, GA 30342


### Day Rehabilitation Program


 **404-785-3300**

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*

### Outpatient Rehabilitation Program

 **404-785-7100**

 **404-785-7113**

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](http://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		
<b>Emory Children's Center Building</b> 2015 Uppergate Drive Atlanta, GA 30322	<b>Children's at East Cobb</b> 1255 Johnson Ferry Road Marietta, GA 30068	<b>Children's at North Point</b> 3795 Mansell Road Alpharetta, GA 30022

<b>Children's at Satellite Boulevard</b> 2660 Satellite Blvd. Duluth, GA 30096		
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### SLEEP

Egleston-based providers		
	<b>404-785-DOCS (3627)</b>	<b>404-785-9111</b>

<b>Children's at North Druid Hills</b> 1605 Chantilly Drive NE, Suite 305 Atlanta, GA 30324	<b>Marcus Autism Center</b> 1920 Briarcliff Road Atlanta, GA 30329	
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Scottish Rite-based providers		
	<b>404-785-DOCS (3627)</b>	<b>404-785-9111</b>

<b>Children's at Old Milton Parkway</b> 3300 Old Milton Parkway, Suite 300 Alpharetta, GA 30005	<b>Oak Hill Professional Park</b> 60 Oak Hill Blvd., Suite 102 Newnan, GA 30265	<b>Pavilion at Lake Hearn</b> 1100 Lake Hearn Drive, Suite 450 Atlanta, GA 30342
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### SLEEP LABS (overnight sleep studies)

<b>Egleston hospital</b> 1405 Clifton Road NE Atlanta, GA 30322	<b>Scottish Rite hospital</b> 1001 Johnson Ferry Road NE Atlanta, GA 30342	<b>Children's at Satellite Boulevard</b> 2660 Satellite Blvd. Duluth, GA 30096 <i>A service of Children's at Scottish Rite hospital</i>
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### SPECIALTY CLINICS

Judson L. Hawk Jr., MD, Clinic for Children		
	<b>404-785-DOCS (3627)</b>	<b>404-785-9111</b>


<b>The Children's Medical Office Building</b> 5461 Meridian Mark Road NE, Suite 200 Atlanta, GA 30342 <i>A service of Children's at Scottish Rite hospital</i>	<ul style="list-style-type: none"> <li>• 22Q</li> <li>• Brachial plexus</li> <li>• Craniofacial</li> <li>• Craniofeeding</li> <li>• Craniogenetics</li> <li>• Cerebral palsy</li> <li>• Cystic fibrosis</li> <li>• Dermatology</li> <li>• Genetics</li> <li>• Hand</li> <li>• Medically complex</li> <li>• Muscular dystrophy</li> <li>• Neurofibromatosis</li> </ul>	<ul style="list-style-type: none"> <li>• Neurogastroenterology and motility</li> <li>• Neuro spine</li> <li>• Pain management</li> <li>• Pelvic and anorectal</li> <li>• Physiatry/rehab</li> <li>• Skeletal dysplasia</li> <li>• Spasticity</li> <li>• Speech</li> <li>• Spina bifida</li> <li>• Strong4Life</li> <li>• Technology-dependent pulmonary</li> <li>• Tuberous sclerosis</li> <li>• Vascular anomalies</li> </ul>
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Aerodigestive		
	<b>404-785-DOCS (3627)</b>	<b>404-785-9111</b>

<b>Egleston hospital</b> 1405 Clifton Road NE Atlanta, GA 30322	<b>Children's at North Druid Hills</b> 1605 Chantilly Drive NE, Suite 305 Atlanta, GA 30324	<b>Telemedicine</b>
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## SPECIALTY CLINICS - CONTINUED

### Children's Epilepsy Center


 404-785-DOCS (3627)


 404-785-9111

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

**Egleston hospital**  
1405 Clifton Road NE  
Atlanta, GA 30322

### Ketogenic Diet Clinic


 404-785-DOCS (3627)


 404-785-9111

**Egleston hospital**  
1405 Clifton Road NE  
Atlanta, GA 30322

**Telemedicine**

### Strong4life Clinic

 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*

**Telemedicine**

## SPORTS MEDICINE

 (see below)

 (See order form for fax numbers)

### 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](http://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


Normal business hours


 800-605-6175

Nights, weekends and holidays


 404-785-6000


Heart transplant

 404-785-6395


 404-785-1994


Kidney transplant

 404-785-1405

 404-785-6751

Liver transplant

 404-785-0150

 404-785-9017


### Egleston hospital

1405 Clifton Road NE

Atlanta, GA 30322

## TELEMEDICINE

 404-785-DOCS (3627)

 404-785-5855

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





# Forms

Forms

# 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](http://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.



# Children's Physician Group

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## Provider referral form

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.**

Urgent    Non-urgent

\_\_\_\_\_  
Today's date

Patient's name: \_\_\_\_\_

\_\_\_\_\_  
Referral form completed by

Patient's date of birth: \_\_\_\_\_

Patient's gender:  Male    Female

\_\_\_\_\_  
Direct contact phone number

Parent/guardian's name: \_\_\_\_\_

\_\_\_\_\_  
Email

Cell phone: \_\_\_\_\_

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

Alternate phone: \_\_\_\_\_

Phone    Email

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):

**Allergy and Immunology**

- Allergy
- Immunology
- Apnea**
- Cardiology: Pulmonary Hypertension**
- Cardiothoracic Surgery**
- Child Protection**
- Craniofacial Surgery**
- Cystic Fibrosis**
- Dentistry and Orthodontics**
- Diabetes**
- Endocrinology**

**Gastroenterology**

- Eosinophilic and allergic GI diseases
- Feeding (IEAT)
- General gastroenterology
- Growth problems
- Inflammatory bowel disease (Crohn's and ulcerative colitis)
- Intestinal rehabilitation
- General and Thoracic Surgery**
- Hematology/Oncology**

**Hepatology**

- General liver
- Liver transplant
- Infectious Diseases**

**Nephrology**

- General nephrology
- Hypertension
- Kidney transplant

**Neurology**

- General neurology
- Headache
- Neurocutaneous
- Neuromuscular
- New onset seizures

**Neuropsychology**

**Neurosurgery**

**Otolaryngology**

**Physiatry**

**Plastic Surgery**

**Pulmonology**

- Pulmonology/asthma
- Synagis
- Technology dependent

**Rheumatology**

- General rheumatology
- Juvenile idiopathic arthritis (JIA)
- Sleep**

**Specialty clinics**

- 22q
- Aerodigestive
- Cerebral palsy
- Craniofacial
- Craniofacial feeding
- Craniofacial speech
- Cystic fibrosis
- Developmental progress
- Epilepsy/ketogenic diet
- Genetics/skeletal disorders
- Muscular dystrophy
- Neurofibromatosis
- Neurogastroenterology and motility
- Neuro spine
- Pain relief
- Pelvic and anorectal
- Physiatry
- Spasticity
- Spina bifida
- Strong4Life
- Technology dependent
- Tuberous sclerosis
- Vascular anomalies
- Other

If other, please specify: \_\_\_\_\_  
\_\_\_\_\_

Indicate preferred provider and reason for preference: \_\_\_\_\_

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**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.



## Request for Services (PCP REFERRAL)

Children's Healthcare of Atlanta  
The Stephanie V. Blank Center for Safe and Healthy Children  
A service of Children's at Scottish Rite hospital

**\*\* 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?  
\_\_\_\_\_  
\_\_\_\_\_

### **Allegations**

Sexual Abuse \_\_\_ Physical Abuse \_\_\_ Neglect \_\_\_

Date of Last Contact: \_\_\_\_\_

FOR SEXUAL ABUSE (Please indicate all that apply): Fondling \_\_\_ Digital-Vaginal \_\_\_

Digital-Anal \_\_\_ Oral - Vaginal \_\_\_ Oral - Penile \_\_\_ Penile-Vaginal \_\_\_ Penile-Anal \_\_\_

#### DESCRIPTION OF ALLEGED ABUSE:

(\*\*For all concerns, please be specific regarding what is being reported This will greatly assist our ability to serve clients adequately and promptly.\*\*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disclosure of 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 information to: **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/emailed referral has been received at 404-785-3833



DT18123



**Children's**<sup>SM</sup>  
Healthcare of Atlanta

**Children's Healthcare of Atlanta**  
EEG ORDER  
Central Scheduling Office  
404.785.2046 Phone  
404.785.2204 Fax

**EEG ORDER**

Location:  EG  Forsyth  SR  
[www.choa.org/eeorder](http://www.choa.org/eeorder)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MRN# \_\_\_\_\_

Account/HAR# \_\_\_\_\_

PATIENT IDENTIFICATION

**Please print clearly**

Child's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Female  Male

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: \_\_\_\_\_  
*List signs/symptoms, do not use "rule out", "probable", "suspected", etc.*

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: \_\_\_\_\_

Insurance phone #: \_\_\_\_\_ 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 Instill eye drops during ERG as follows, per neurophysiology policy 2-12 \_\_\_\_\_  
Date of Last EEG \_\_\_\_\_
  - Pupils are numbed with proparacaine hydrochloride 0.5% 1 drop in each eye.
    - Repeat every 15 minutes until testing is complete
  - 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.
- Pyridoxine B6 Injection CPT 90772
- Dense Array w/Spike Detection 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.

**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 1/2 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](http://www.choa.org/neurosciences)





DT18123

## Children's Healthcare of Atlanta LABORATORY OUTPATIENT REQUISITION FORM

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MRN# \_\_\_\_\_

Account/HAR# \_\_\_\_\_

PATIENT IDENTIFICATION

 **STAT**

Insurance Info: Bill to: Insurance: \_\_\_\_\_ Group # \_\_\_\_\_

Pre-Cert # \_\_\_\_\_

Order for Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_

 Phone results to \_\_\_\_\_ Fax results to \_\_\_\_\_

Diagnosis Code (ICD-10) (signs or symptoms: R/O codes unacceptable): \_\_\_\_\_

Physician name (print) \_\_\_\_\_ Physician signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Chemistry Panels	Hematology	Chemistry	Chemistry
<b>Electrolyte Panel**</b> (LYTES) Cl, CO <sub>2</sub> , K, Na	CBC auto w/platelet (CBC)	Alanine Aminotransferase (ALT)	Immunoglobulin A (IGA)
	CBC w/Diff w/Platelet (CBCD)		Immunoglobulin G (IGG)
<b>Basic Metabolic Panel**</b> (BMPL) Ca, CO <sub>2</sub> , Cl, Creat, Glu, K, Na, BUN	Erythrocyte Sedimentation Rate (ESR)	Aspartate Aminotransferase (AST)	Immunoglobulin M (IGM)
	Reticulocyte Count (RETIC)		Immunoglobulin E (IGE)
<b>Renal Function Panel**</b> (RFP) Alb, Ca, CO <sub>2</sub> , Cl, Creat, Glu, Phos, K, Na, BUN	CSF Cell Count (CSFCT)	Albumin (ALB)	Total Iron Binding Capacity (TIBC)
	Prothrombin Time (PT)	Alkaline Phosphatase (ALKP)	Lead (LEAD)
<b>Hepatic Function Panel**</b> (HFP) Alb, TBili, DBili, Alk Phos, TP, ALT, AST	Activated Partial Thrombin Time (APTT)	Ammonia (AMON)	Lipase (LIPA)
	Prothrombin Time/APTT (PTPTT)	Amylase (AMY)	Magnesium (MG)
<b>Comprehensive Metabolic Panel**</b> (CMP) Alb, TBili, Ca, CO <sub>2</sub> , Cl, Creat, Glu, Alk Phos, K, TP, Na, ALT, AST, BUN	Fibrinogen (FIBR)	Bilirubin, direct (BILID)	Mono Test (MONOT)
	<b>Blood Bank</b>	Bilirubin, total (BILIT)	Parathyroid Hormone Intact (PTHNT)
<b>Lipid Panel</b> (LIPP) Chol, Trig, HDL, LDL, VLDL	Blood Type ABO and Rh (ABORH)	Blood Urea Nitrogen (BUN)	Phenobarbital (PHENO)
<b>Glucose Tolerance Test</b> (GTT2H) 2Hr Only	Direct Coombs (DAT)	Complement 3 (C3)	Phosphorus (PHOS)
<b>Microbiology</b>	HLA B27 (HLAB27)	Complement 4 (C4)	Potassium (K)
Blood Culture (CUBLD)	Indirect Coombs (INDC)	Calcium (CA)	Pregnancy Serum (HCGSER)
Cystic Culture (CUCYST)	Isohemagglutinin Titer (ISOHEM)	Cholesterol (CHOL)	Pregnancy Urine (UHCG)
Stool Culture (CUSTOL)	Type and Screen (TYSC)	Chloride (CL)	Sodium (Na)
Urine Culture (CURINE)	<b>Miscellaneous Testing</b>	Carbon Dioxide (CO2)	Tacrolimus (TAC)
Fecal Fat, Qual. (FFATQL)	Rapid Strep reflex to Culture if negative (RAPST)	Creatinine Phosphokinase (CK)	Thyroxine (T4)
Occult Blood (OCCBLDS)	Bordetella pertussis by PCR (BPPCR)	Creatinine (CREAT)	Thyroxine Free (T4FREE)
Ova & Parasites (OVAP)	C. difficile by PCR (CDTPCR)	C-Reactive Protein (CRP)	Thyroid Stimulating Hormone (TSH)
Wound Culture, superficial (CUWND)	CMV by PCR (CMVPCR)	Ferritin (FER)	Triiodothyronine (T3)
Ear Culture (CUEAR)	EBV by PCR (EBVPCR)	Glucose (GLU)	Tegretol (CAR)
Eye Culture (CUEYE)	See Allergen Requisition for Allergy Testing	Hepatitis B Surface Antigen (HPBAG)	Triglyceride (TRIG)
<b>Other Tests:</b>	Sweat Chloride (SWCL)	Hemoglobin A1C (HBA1CU)	Vitamin D, 25-hydroxy (VITD)
	Appointment Needed: (404-785-6014)	Iron (IRON)	Urinalysis (UA)

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

Physician address: \_\_\_\_\_

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

**Egleston Campus:** 1405 Clifton Road, NE, Atlanta, GA 30322  
Laboratory 404-785-6415, Fax 404-785-6258





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### Children's Healthcare of Atlanta Immediate Care Services

Forsyth IC    Mount Zion IC    North Point IC    Satellite Blvd IC    Town Center IC

## DOWNTIME MILD TRAUMATIC BRAIN INJURY/ CONCUSSION ASSESSMENT CRITERIA TOOL

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MRN# \_\_\_\_\_

Account/HAR# \_\_\_\_\_

PATIENT IDENTIFICATION

**Date of Exam:**                       Initial             Second             Third             Fourth             Additional

### Injury Assessment

- Complete Neuro Exam including Glasgow Coma Score
- Abnormal Physical findings?**
  - Is there evidence of a forcible blow to the head (direct or indirect)?     Direct     Indirect     Unknown
  - Is there evidence of intracranial injury or skull fracture?                       Yes         No
  - Location of Impact:
    - Frontal     Left Temporal     Right Temporal     Left Parietal     Right Parietal     Occipital     Neck
- Cause:**    MVC    Pedestrian-MVC    Fall    Assault    Sports (specify)    Other
- Was the injury witnessed or un-witnessed?    Witnessed     Un-witnessed
- 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)?
- Loss of Consciousness:** Did you/person lose consciousness?    Yes, how long?                       No
- EARLY SIGNS:**    Appears dazed or stunned     Is confused about events     Answers questions slowly  
 Repeats questions     Forgetful (recent info)
- Seizures:** Were seizures observed?    Yes         No

### Check all that apply

Physical	<input checked="" type="checkbox"/> if present	Cognitive	<input checked="" type="checkbox"/> if present	Sleep	<input checked="" type="checkbox"/> if present
Headache		Feeling Mentally Foggy		Drowsiness	
Nausea		Feeling Slowed Down		Trouble Falling Asleep	
Vomiting		Difficulty Concentrating		Sleeping More Than Usual	
Balance Problems		Difficulty Remembering		Sleeping Less Than Normal	
Dizziness		<b>Emotional</b> <input checked="" type="checkbox"/>		<b>Other</b>	
Visual Problems		Irritability		<b>Do these symptoms worsen with</b> Physical Activity <input type="checkbox"/> Yes <input type="checkbox"/> No Cognitive Activity <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fatigue		Sadness			
Sensitivity to Light		More Emotional			
Sensitivity to Noise				How different is the person acting compared to his/her usual self? Normal   0   1   2   3   4   5   Very different	
Numbness or Tingling		Nervousness			
				<b>List Caregiver providing assessment:</b> _____	

1. Gerard Gioia, Ph.D. & Micky Collin, Ph.D. Centers for Disease Control and Prevention (CDC) "Heads Up: Brain Injury in Your Practice," Acute Concussion Evaluation (ACE) tool kit.  
2. Prashant V. Mahajan, M.D., M.P.H., M.B.A. "Head Injuries" AAP Textbook of Pediatric Care, chapter 348, Aug. 26, 2008.  
3. Sport Alliance of Ontario SCAT2 (Sport Concussion Assessment Tool – Full Version).  
4. TraumaticBrainInjury.com, LLC, Symptoms of Traumatic Brain Injury "Gaslow Coma Scale."



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### Children's Healthcare of Atlanta Immediate Care Services

Forsyth IC    Mount Zion IC    North Point IC    Satellite Blvd IC    Town Center IC

## DOWNTIME MILD TRAUMATIC BRAIN INJURY/ CONCUSSION ASSESSMENT CRITERIA TOOL

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MRN# \_\_\_\_\_

Account/HAR# \_\_\_\_\_

PATIENT IDENTIFICATION

### Risk Factor for Protracted Recovery (Check All That Apply)

<input type="checkbox"/> Concussion History	<input type="checkbox"/> Headache/Vomiting History	<input type="checkbox"/> Developmental History	<input type="checkbox"/> Psychiatric History
Previous # 1 2 3 4 5 6+	<input type="checkbox"/> Prior Treatment for headache	<input type="checkbox"/> Learning disabilities	<input type="checkbox"/> Anxiety
Longest symptom duration Days ____ Weeks ____ Months ____ Years ____	<input type="checkbox"/> History of migraine headache <input type="checkbox"/> Personal <input type="checkbox"/> Family _____	<input type="checkbox"/> Attention-Deficit/ Hyperactivity Disorder	<input type="checkbox"/> Depression <input type="checkbox"/> Sleep Disorder
If multiple concussion, less force caused re-injury?	<input type="checkbox"/>	<input type="checkbox"/> Other Developmental disorder? _____	<input type="checkbox"/> Other psychiatric disorder? _____

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

### Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Gerard Gioia, Ph.D. & Micky Collin, Ph.D. Centers for Disease Control and Prevention (CDC) "Heads Up: Brain Injury in Your Practice," Acute Concussion Evaluation (ACE) tool kit.
2. Prashant V. Mahajan, M.D., M.P.H., M.B.A. "Head Injuries" AAP Textbook of Pediatric Care, chapter 348, Aug. 26, 2008.
3. Sport Alliance of Ontario SCAT2 (Sport Concussion Assessment Tool – Full Version).
4. TraumaticBrainInjury.com, LLC, Symptoms of Traumatic Brain Injury "Gaslow Coma Scale."





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### Rehabilitation Services

(Please print)

Patient's name: \_\_\_\_\_  
First Middle Last

Patient's date of birth: \_\_\_\_\_ Patient's sex:  Male  Female

Parent/Guardian name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

MRN# \_\_\_\_\_ Account/HAR# \_\_\_\_\_

Medical/treating diagnosis: \_\_\_\_\_

ICD-10 code: \_\_\_\_\_

This patient needs a \_\_\_\_\_ language interpreter for \_\_\_\_\_ service

### 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](http://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.

25535-01 (02/17)

#### 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)

- Hand therapy
- Constraint - induced movement therapy (CIMT)
- Aquatic therapy (OT or PT as appropriate)
- Serial casting (OT or PT as appropriate)
  - Start date: \_\_\_\_\_
  - Duration: \_\_\_\_\_
- Splinting (OT or PT as appropriate)
  - Type of splint: \_\_\_\_\_
- Vestibular rehabilitation
  - Primary symptom(s): \_\_\_\_\_
- 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.

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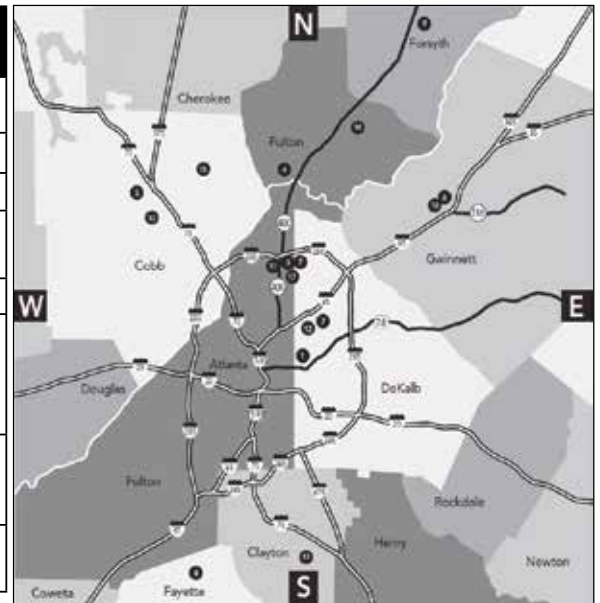


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For this service:	Parents, call this number to schedule:	Physicians, fax order to this number:
<b>Rehabilitation</b> (For services not listed below)	404-785-7100	404-785-7113
<b>Hand Therapy</b>	404-785-4611	404-785-3732
<b>Assistive Technology</b>	404-785-3718	404-785-3768
<b>Orthotics and Prosthetics, Cranial Remolding</b>	404-785-3229	404-785-5690
<b>OPMS, FEES–Egleston</b>	404-785-3255	404-785-1158
<b>OPMS, FEES–Scottish Rite and Children’s at Webb Bridge (OPMS only at Webb Bridge)</b>	404-785-2270	404-785-5311
<b>Center for Advanced Technology and Robotic Rehabilitation</b>	404-785-4908	404-785-4388
To request an appointment online: • <a href="http://choa.org/rehabappointment">choa.org/rehabappointment</a> [ <a href="http://choa.org/citapararehabilitacion">choa.org/citapararehabilitacion</a> ]		



MAP NOT DRAWN TO SCALE

Location	Services offered at this location	
	Rehab	Orthotics & Prosthetics
1. <b>Egleston hospital</b> 1405 Clifton Road NE, Atlanta, GA 30322	X	
2. <b>Scottish Rite hospital</b> 1001 Johnson Ferry Road NE, Atlanta, GA 30342	X	
3. <b>Center for Advanced Technology and Robotic Rehabilitation</b> , 1001 Johnson Ferry Rd NE, Atlanta, GA 30342	X	
4. <b>Children’s at Alpharetta Highway</b> 11835 Alpharetta Highway, Roswell, GA 30076 <i>A service of Children’s at Scottish Rite hospital</i>	X	
5. <b>Children’s at Cobb</b> 1371 Church St. Extension, Marietta, GA 30060 <i>A service of Children’s at Scottish Rite hospital</i>	X	
6. <b>Children’s at Duluth</b> 2270 Duluth Highway 120, Suite 200, Duluth, GA 30097 <i>A service of Children’s at Scottish Rite hospital</i>		X
7. <b>Children’s at Executive Park</b> 6 Executive Park Drive NE, Suite 50, Atlanta, GA 30329		X
8. <b>Children’s at Fayette</b> 1265 Highway 54 West, Suite 200, Fayetteville, GA 30214 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
9. <b>Children’s at Forsyth</b> 410 Peachtree Parkway, Suite 300, Cumming, GA 30041 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
10. <b>Children’s at Marietta</b> 175 White St., Suite 350, Marietta, GA 30060		X
11. <b>Children’s at Meridian Mark</b> 5445 Meridian Mark Road NE, Atlanta, GA 30342 <i>A service of Children’s at Scottish Rite hospital</i>		X
12. <b>Children’s at Mount Zion</b> 2201 Mount Zion Parkway, Morrow, GA 30260 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
13. <b>Children’s at North Druid Hills</b> 1605 Chantilly Drive, Atlanta, GA 30324 <i>A service of Children’s at Scottish Rite hospital</i>	X	
14. <b>Children’s at Old Milton Parkway</b> 3300 Old Milton Parkway, Suite 370, Alpharetta, GA 30005		X
15. <b>Children’s at Sandy Plains</b> 3618 Sandy Plains Road, Suite 100, Marietta GA 30066 <i>A service of Children’s at Scottish Rite hospital</i>	X	X
16. <b>Children’s at Satellite Boulevard</b> 2620 Satellite Blvd., Suite 100, Duluth, GA 30096 <i>A service of Children’s at Scottish Rite hospital</i>	X	
17. <b>The Children’s Medical Office Building</b> 5461 Meridian Mark Road NE, Suite 300, Atlanta, GA 30342 <i>A service of Children’s at Scottish Rite hospital</i>	X	

Visit [choa.org/locations](http://choa.org/locations) for door-to-door driving directions.



22474-08

Children's Healthcare of Atlanta  
The Sibley Heart Center, Children's at Egleston Campus  
**PULMONARY HYPERTENSION CLINIC REFERRAL FORM**

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

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)



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Healthcare of Atlanta



STAT CALL REPORT

### Advanced Pediatric Imaging

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

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

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

**Town Center**  
625 Big Shanty Road,  
Kennesaw, GA 30005  
404-785-9729  
FAX: 404-785-9175

**ALL AREAS BELOW IN BOLD ARE REQUIRED**

**Patient's FULL LEGAL Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Guarantor E-mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Insurance/Medicaid Plan:** \_\_\_\_\_ **Policy & Group #:** \_\_\_\_\_  
**Authorization#:** \_\_\_\_\_ (Please also fax copy of Insurance card, front & back, with this order)  
**Reason For Exam (Signs, Symptoms, Chief Complaint)**

**REQUIRED**  
**Ordering Physician's Signature**

\_\_\_\_\_  
**Print MD Name:** \_\_\_\_\_  
**Date/Time Signed:** \_\_\_\_\_  
**PCP Name (if different):** \_\_\_\_\_

**Office Contact:** \_\_\_\_\_  
**Practice Phone:** \_\_\_\_\_  
**Backline Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**PCP Fax:** \_\_\_\_\_

**Special Instructions**  
 Send CD with patient  Send Film with patient  
 Schedule for (date/time): \_\_\_\_\_

**Order Comments / Other**

#### SEDATION QUESTIONNAIRE

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

#### MRI

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

#### CT

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

#### NUCLEAR MEDICINE (HOSPITAL ONLY)

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

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

Visit [choa.org/radiology](http://choa.org/radiology) for a list of CPT codes, ACR ordering guidelines, or to request/print additional forms.



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STAT CALL REPORT \_\_\_\_\_

- Egleston**  
1405 Clifton Road  
Atlanta, GA 30322  
404-785-6078  
FAX: 404-785-9082
- Scottish Rite**  
1001 Johnson Ferry Road  
Atlanta, GA 30342  
404-785-2787  
FAX: 404-785-9062
- Webb Bridge**  
3155 North Point Pkwy,  
Alpharetta, GA 30005  
404-785-9729  
FAX: 404-785-9175
- Town Center**  
625 Big Shanty Road,  
Kennesaw, GA 30005  
404-785-9729  
FAX: 404-785-9175
- Hughes Spalding**  
35 Jesse Hill Dr. SE,  
Atlanta, GA 30005  
404-785-9988  
FAX: 404-785-9972
- Satellite Blvd  
(Ultrasound Only)**  
2660 Satellite Blvd.,  
Duluth, GA 30098  
404-785-9729  
FAX: 404-785-9175

**ALL AREAS BELOW IN BOLD ARE REQUIRED**

**Patient's FULL LEGAL Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Guarantor E-mail:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Insurance/Medicaid Plan:** \_\_\_\_\_ **Policy & Group #:** \_\_\_\_\_  
**Authorization#:** \_\_\_\_\_ (Please also fax copy of Insurance card, front & back, with this order)  
**Reason For Exam (Signs, Symptoms, Chief Complaint)** \_\_\_\_\_

**REQUIRED**

**Ordering Physician's Signature**

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

**Special Instructions**  
 Send CD with patient     Send Film with patient    **Order Comments / Research Patient / Other?**  
 Schedule for (date/time): \_\_\_\_\_

**X-RAY**

- |                                                                |                                                                |                                                                             |
|----------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Neck Soft Tissue                      | <input type="checkbox"/> Shunt Series                          | <input type="checkbox"/> Shoulder (min 2 views)                             |
| <input type="checkbox"/> Clavicle Complete                     | <input type="checkbox"/> Sinuses, <3/3+ views                  | <input type="checkbox"/> Humerus (min 2 views)                              |
| <input type="checkbox"/> Chest (1/2 views)                     | <input type="checkbox"/> Skull, <4 views                       | <input type="checkbox"/> Elbow (2 views)                                    |
| <input type="checkbox"/> Infant Chest w/ Abdomen               | <input type="checkbox"/> Joint Survey 1 view, (Rickets)        | <input type="checkbox"/> Forearm (2 views) <input type="radio"/> LEFT       |
| <input type="checkbox"/> Ribs Unilateral 2 views               | <input type="checkbox"/> C-Spine, 3 views or less              | <input type="checkbox"/> Wrist (min 3 views) <input type="radio"/> RIGHT    |
| <input type="checkbox"/> Ribs Bilateral 3 views                | <input type="checkbox"/> T Spine (2 views)                     | <input type="checkbox"/> Hand (min 3 views) <input type="radio"/> BILATERAL |
| <input type="checkbox"/> Ribs Bilateral w/ Chest (min 4 views) | <input type="checkbox"/> T-L Spine Scoliosis Standing          | <input type="checkbox"/> Finger(s) (min 2 views)                            |
| <input type="checkbox"/> Abdomen AP (KUB)                      | <input type="checkbox"/> L-Spine, 2-3 views (complete)         | <input type="checkbox"/> Femur (2 views)                                    |
| <input type="checkbox"/> Abdomen 2V                            | <input type="checkbox"/> Skeletal Survey                       | <input type="checkbox"/> Knee (1/2 views)                                   |
| <input type="checkbox"/> Pelvis (1-2 views)                    | <input type="checkbox"/> Bone Age                              | <input type="checkbox"/> Tibia/Fibula (2 views)                             |
| <input type="checkbox"/> Pelvis/Hip Infant/Child (2 views)     | <input type="checkbox"/> Bone Length (i.e. scanogram)          | <input type="checkbox"/> Ankle, 2/3 views                                   |
| <input type="checkbox"/> Nose-Rectum, foreign object           | <input type="checkbox"/> Upper Extremity, Infant (min 2 views) | <input type="checkbox"/> Foot (min 2 views)                                 |
|                                                                | <input type="checkbox"/> Lower Extremity, Infant (min 2 views) | <input type="checkbox"/> Toe(s) (min 2 views)                               |

**FLUOROSCOPY / OTHER**

- |                                                                        |                                                          |                                                                             |
|------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Voiding Cystourethrogram (with urine culture) | <input type="checkbox"/> Airway Fluoro/Diaphragm         | <input type="checkbox"/> Mod Barium Swallow (OPMS with speech therapist)    |
| <input type="checkbox"/> Voiding Cystourethrogram (no culture)         | <input type="checkbox"/> Upper GI Series (thru duodenum) | <input type="checkbox"/> GI Tube Injection                                  |
| <input type="checkbox"/> Cystogram (non-voiding)                       | <input type="checkbox"/> Upper GI Series with Scout      | <input type="checkbox"/> Cont Inject Eval CVA Line                          |
| <input type="checkbox"/> Esophagram                                    | <input type="checkbox"/> UGI SBFT (esophagus thru colon) | <b>OTHER</b>                                                                |
|                                                                        | <input type="checkbox"/> Barium Enema                    | <input type="checkbox"/> DXA Bone Density (Egleston and Scottish Rite Only) |
|                                                                        | <input type="checkbox"/> Therapeutic Enema               | <input type="checkbox"/> Other _____                                        |

**ULTRASOUND**

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

Visit [choa.org/radiology](http://choa.org/radiology) for a list of CPT codes, ACR ordering guidelines, or to request/print additional forms.



DT18123



**Children's**  
Healthcare of Atlanta  
**Interventional Radiology**

**Egleston**  
1405 Clifton Road  
Atlanta, GA 30322  
404-785-2079  
**FAX: 404-785-1248**  
**404-785-9111** for clinic referrals

**Scottish Rite**  
1001 Johnson Ferry Road  
Atlanta, GA 30342  
404-785-4775  
**FAX: 404-785-4713**

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
MRN# \_\_\_\_\_  
Account/HAR# \_\_\_\_\_  
PATIENT IDENTIFICATION

**ALL AREAS BELOW IN BOLD ARE REQUIRED**

<b>Patient's FULL LEGAL Name</b>	<b>Date of Birth</b>	<b>Phone Number</b>
<b>Address</b>	<b>City, State</b>	<b>ZIP</b>
<b>Insurance/Medicaid Plan</b>	<b>Policy &amp; Group#</b>	
<b>Authorization#</b> <i>(Please also fax a copy of insurance card, front and back, with this order)</i>	<b>Guarantor's Email</b>	
<b>Reason For Exam</b> <i>(Signs, Symptoms, Chief Complaint)</i>		
<b>Exam to be Completed</b> <i>(If procedure is a Lumbar Puncture, Please notate below if opening/closing pressures are necessary along with CSF samples or CSF samples alone.)</i>		
<b>Lab Orders</b> <i>(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.)</i>		
<b>ALL OFFICE CONTACT INFORMATION REQUESTED IS MANDATORY</b>		
<b>Ordering Physician's Printed Name</b>	<b>Practice Name</b>	
<b>Ordering Physician's Signature</b>	<b>Office Contact</b>	
<b>Date/Time Signed</b>	<b>Backline Phone</b>	<b>Fax</b>
<b>PCP Name (if different):</b>	<b>PCP Fax</b>	

**Interventional Radiology**

<p><b>Special Instructions</b></p> <p>Date / Time Req: _____ Confirmed Appt: _____ Foster Child: <input type="checkbox"/> Yes Contact: _____</p>	<p><b>Order Comments / Other</b></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------

# 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**-OR-**

**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)

---

**Option 2:**

\_\_\_\_ Test only (Patient will NOT see a cardiologist)

**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. CHOA/SHCC.RxPad.01/15





**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: \_\_\_\_\_

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](http://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](mailto:sleepcenterschedulingoffice@choa.org)**





DT18123

# Children's Healthcare of Atlanta

## SPORTS MEDICINE ORDER FORM

Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 MRN# \_\_\_\_\_  
 Account/HAR# \_\_\_\_\_  
PATIENT IDENTIFICATION

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 \_\_\_\_\_

#### Return to sport

- Baseball and softball
- Basketball
- Cheerleading
- Cycling
- Dance
- Diving
- Football
- Gymnastics
- Lacrosse
- Running
- Soccer
- Swimming
- Tennis
- Track and field
- Volleyball
- Wrestling
- Other \_\_\_\_\_

#### Register online

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

Visit [choa.org/sportsregistration](http://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.

Physician's signature

Physician's printed name

choa.org/sportsmed • See reverse side for locations

Date

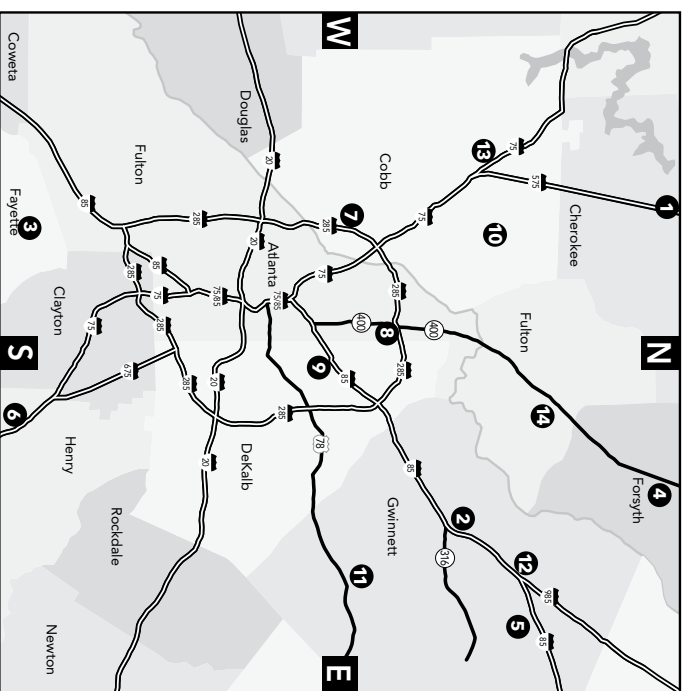
Time

# 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  
Duluth, GA 30097  
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 290  
Atlanta, GA 30342  
404-785-5699  
Fax: 404-785-5700
9. **Children's at North Druid Hills**  
A service of Children's at Scottish Rite hospital  
1605 Chantilly Drive NE, Suite 201  
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  
3618 Sandy Plains Road, Suite 100  
Marietta, GA 30066  
404-785-8316  
Fax: 404-785-8323
11. **Children's at Snellville**  
A service of Children's at Scottish Rite hospital  
2220 Wisteria Drive, Suite 202  
Snellville, GA 30078  
404-785-8081  
Fax: 404-785-8082
12. **Children's at Suwanee**  
A service of Children's at Scottish Rite hospital  
3640 Burnette Road  
Suwanee, GA 30024  
404-785-8910  
Fax: 404-785-8922

13. **Children's at Town Center**  
A service of Children's at Scottish Rite hospital  
625 Big Shanty Road NW  
Kennesaw, GA 30144  
404-785-8008  
Fax: 404-785-8003
14. **Children's at Webb Bridge**  
A service of Children's at Scottish Rite hospital  
3155 North Point Parkway  
Building A, Suite 100  
Alpharetta, GA 30005  
404-785-8570  
Fax: 404-785-8576





# Referral Order Form Telemedicine Services

<b>Today's date/time:</b> _____  <input type="checkbox"/> <b>Referral for New Patient consult</b> <small>**Good for one year per specialty</small>  <input type="checkbox"/> <b>Referral renewal for follow up appointments.</b>	(Please print) <b>Patient's name</b> _____ <small>First Middle Last</small>  <b>Patient's Date of Birth</b> _____ <b>Patient's Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female  <b>Reason for Referral/presenting Problem</b> _____  <b>Date of Injury/Incident ( if applicable):</b> _____	
<b>Specialist needed :</b> <input type="checkbox"/> Aerodigestive <input type="checkbox"/> Allergy/Immunology <input type="checkbox"/> Hepatology <input type="checkbox"/> Interventional Radiology <input type="checkbox"/> Nephrology	<input type="checkbox"/> Neurology (Keto) <input type="checkbox"/> Otolaryngology <input type="checkbox"/> Pulmonology <input type="checkbox"/> Strong4Life Other: _____	<b>Preferred Specialist (if any?):</b> <input type="checkbox"/> None  <b>Preferred Presenting Site (in any?):</b> <input type="checkbox"/> None
<b>Language that family speaks:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <b>Other:</b> _____		
<b>Guardian's name</b> _____ <small>First Last</small>  <b>City, State</b> _____ <b>County</b> _____ ** If non-biological parent accompanies patient to the appointment either legal guardianship papers or a letter of consent is required.	<b>Daytime Phone #</b> ( ) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <b>Alternate Phone #</b> ( ) _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
<b>Referral made by:</b>  _____ <small>Printed Physician Name</small>  _____ <small>Signature Time</small>	<b>Referring Contact Information:</b>  _____ <small>Address</small>  _____ <small>City State Zip</small>  _____ <small>Date</small>  _____ <small>Phone # Fax #</small>  <input type="checkbox"/> 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](http://www.choa.org/telemedicine) Phone 404-785-KIDS/1-800-785-DOCS Fax 404-785-5855

**Patient Appointment:** Date \_\_\_\_\_ Time \_\_\_\_\_ Dr \_\_\_\_\_ Site \_\_\_\_\_



# Tools





# 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](http://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.

- 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.
- Go to [www.accesschoa.org](http://www.accesschoa.org) to sign in to the web application.

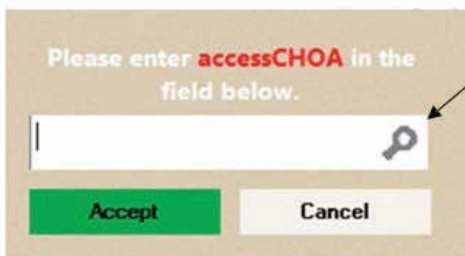
Note: First time users are asked to accept the Terms and Conditions, click "Accept."

## How do I log in?

- Enter the following URL: <http://www.accesschoa.org>
- Enter the **"User ID"** that you received in your welcome to accessCHOA email in the User ID field.
- Press **"TAB"** to move to the password field. Enter the **"Password"** that you received in your welcome to accessCHOA email.
- After you have entered your user ID and password correctly, press **"ENTER,"** or click the **"Log In"** button.
- You will be prompted to change your password, which is required.
- 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.

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



and choose the accessCHOA department.



ID	Department	Center	Specialty	Location	Service Area
411100	ACCESSCHOA				
210000	CHILDRENS AT EGLESTON			CHILDRENS HEALTHCARE OF ATLANTA AT EGLESTON	CHILDRENS
220000	CHILDRENS AT SCOTTISH			CHILDRENS HEALTHCARE OF ATLANTA AT SCOTTISH RITE	CHILDRENS

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](http://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](mailto:nkhan01@emory.edu)

Jim Beiter, MD, Medical Director, Emergency Medicine at Scottish Rite hospital  
[james.beiter@choa.org](mailto:james.beiter@choa.org)

Cedric Miller, MD, Chief, Emergency Medicine  
[cedric.miller@choa.org](mailto:cedric.miller@choa.org)

**For unresolved issues, contact our campus medical directors:**

- Scottish Rite: Michael Mallory, MD  
[michael.mallory@choa.org](mailto:michael.mallory@choa.org)
- Egleston: Corinne Taylor, MD  
[corinne.taylor@choa.org](mailto:corinne.taylor@choa.org)
- Hughes Spalding: Yasmin Tyler-Hill, MD  
[yasmin.tyler-hill@choa.org](mailto: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: Does the Children's Transfer Center transfer patients to all Children's hospital campuses?**

**A:** Yes, the Children's Transfer Center transfers patients to all Children's hospital campuses, including the Emergency Departments at Egleston, Hughes Spalding and Scottish Rite.

**Q: Who do I call if I am not certain the patient needs to be transferred and wish to consult with an on-call pediatric specialist?**

**A:** If you feel your patient may need to be transferred and wish to consult with an on-call specialist, contact the Transfer Center anytime at **404-785-7778**. A registered nurse will assist you in coordinating this consult.

**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](http://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
  - Jerking
  - Posturing
  - Stiffening
  - 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

*Practice Parameter: Treatment of the child with a first unprovoked seizure: Report of the Quality Standards Subcommittee of the American Academy of Neurology and the Practice Committee of the Child Neurology Society. D. Hirtz, A. Berg, D. Bettis, C. Camfield, P. Camfield, P. Crumrine, W. D. Gaillard, S. Schneider and S. Shinnar. Neurology 2003; 60:166-175.*

*Practice Parameter: Evaluating a first nonfebrile seizure in children: Report of the Quality Standards Subcommittee of the American Academy of Neurology and the Practice Committee of the Child Neurology Society. D. Hirtz, S. Ashwal, A. Berg, D. Bettis, C. Camfield, P. Camfield, P. Crumrine, R. Elterman, S. Schneider and S. Shinnar. Neurology 2000; 55:616-62*

### 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 Diastat 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/neurodevelopment 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



**Children's**<sup>SM</sup>  
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## MRI/MRA

### MRI Head, Neck, Spine

#### Protocol or Area of Interest:

MRI Brain w/o	70551
MRI Brain w/	70552
MRI Brain w/ & w/o	70553
MRI Epilepsy Surgery Protocol	70551
MRI w/o (Orbit, Face, Neck)	70540
MRI w/ (Orbit, Face, Neck)	70542
MRI w/ & w/o (Orbit, Face, Neck)	70543
MRI Spine Cervical w/o	72141
MRI Spine Cervical w/	72142
MRI Spine Cervical w/ & w/o	72156
MRI Spine Thoracic w/o	72146
MRI Spine Thoracic w/	72147
MRI Spine Thoracic w/ & w/o	72157
MRI Spine Lumbar w/o	72148
MRI Spine Lumbar w/	72149
MRI Spine Lumbar w/ & w/o	72158
Complete Spine w/o	72141, 72146, 72148
Complete Spine w/	72142, 72147, 72149
Complete Spine w/ & w/o	72156, 72157, 72158

### MRI Chest, Abdomen, Pelvis

MRI Chest w/o	71550
MRI Chest w/ & w/o	71552
MRI Abdomen w/o	74181
MRI FERRISCAN	74181
MRI Abdomen w/ & w/o	74183
MRI Enterography w/o	74181, 72195
MRI Enterography w/	74182, 72196
MRI Enterography w/ & w/o	74183, 72197
MRI Pelvis w/o (i.e. Hip)	72195
MRI Pelvis w/ & w/o (i.e. Hip)	72197
MRI Renal Study (Abd/Pel)	74183, 72197
MRI Abd/Pelvis w/o	74181, 72195
Brachial Plexus w/o "Shoulder" Neuro	72141, 73221
MRI Fetal-1st gestation	74712
MRI Fetal-each addtl' gestation	74713

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

Upper Extremity Joint w/o	73221
Upper Extremity Joint w/	73222
Upper Extremity Joint w/ & w/o	73223
Lower Extremity Joint w/o	73721
Lower Extremity Joint w/	73722
Lower Extremity Joint w/ & w/o	73723

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

Upper Extremity w/o	73218
Lower Extremity w/o	73718
Lower Extremity w/ & w/o	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—Eggleston Only

Chest	MRA or MRV	71555
Spectroscopy		76390
MRI Heart w/ & w/o contrast		75561
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

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## 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

# Radiology CPT codes



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## Fluoroscopy

Voiding Cystogram	51600, 74455
Urine Culture (from catheter)	87088
Cystogram (non-voiding)	74430
Esophagram	74220
Airway Fluoro/Diaphragm	70370
Upper GI Series	
(thru duodenum)	74240-74241
Upper GI Series through Tube	74240-74241
UGI SBFT (esoph thru colon)	74245
Barium Enema	74270
Mod Barium Swallow OPMS	74230
Therapeutic Enema	74283
G-Tube Check	74240
Inject Contrast Check Line	36598

## Nuclear Medicine

Sedation Possible <5yr or Special Need	
DEXA Bone Density	77080
Nuclear Cystogram	78740, 51701
Thyroid Scan Multi-Uptake (I-123)	78014
HIDA	78226
w/ CCK	78227
Gastric Emptying Scan	78264
Meckels Scan	78290
Kidney w/ Lasix (MAG3/DTPA)	78708
Kidney w/o Lasix (MAG3/DTPA)	78707
Kidney, Static (DMSA)	78700
Lung Scan Perfusion	78580
Lung Scan Ventil & Perfusion	78582
Brain Scan w/ SPECT	78607
Bone Scan w/ SPECT (78320)	78306
3 Phase Bone Scan (specify area)	78315
CSF Shunt Evaluation	78645
MIBG Whole Body SPECT	78802, 78804, 78803
GFR	78725

## Ultrasound

Retroperitoneal (Renal)	76770
Kidney Transplant	76776
Adrenals Only (LTD Retroperitoneal)	76775
Abdomen	76700
Doppler (Vascular Abd/Renal)	93975
Abdomen Limited (ie RUQ/Pyloric)	76705
Hips (Dynamic) (less than 6 mos)	76885
Hips (Static) (less than 6 mos)	76886
Pelvis, non-OB	76856
Doppler Transcranial (Hospital Only)	93886
Soft Tissue Head/Neck	76536
Encephalogram (Cranial)	76506
Scrotum	76870
w/ Doppler	93975
Spinal Canal/Sacrum (< 5 mos)	76800
Chest	76604
Breast(s)	76645
Extremity, non-vasc compl. (i.e. mass)	76881
Doppler (Vascular Extremity)	93971

# Radiology CPT codes

## X-ray

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

# When to refer to sports physical therapy



## A reference guide

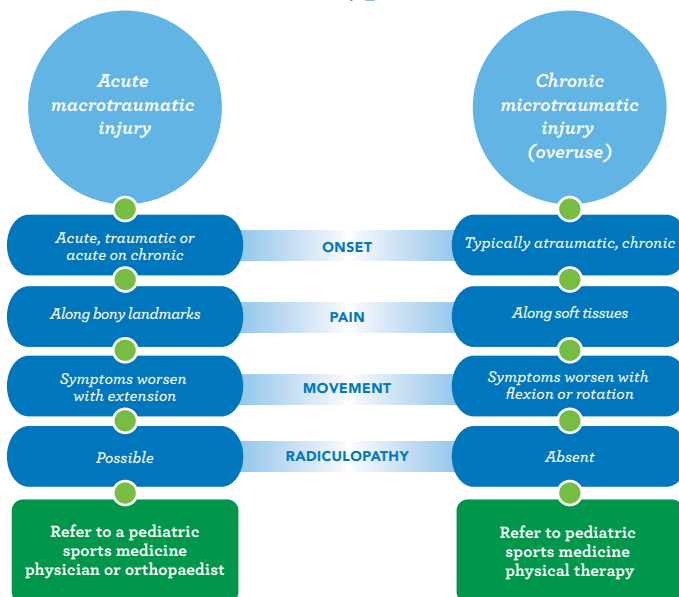
These guidelines are intended to support your clinical referral decisions to either orthopaedic physicians or sports medicine physical therapy. Follow the center categories and choose the appropriate corresponding column based on your patient's case history. If the majority of responses fall in the acute 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:

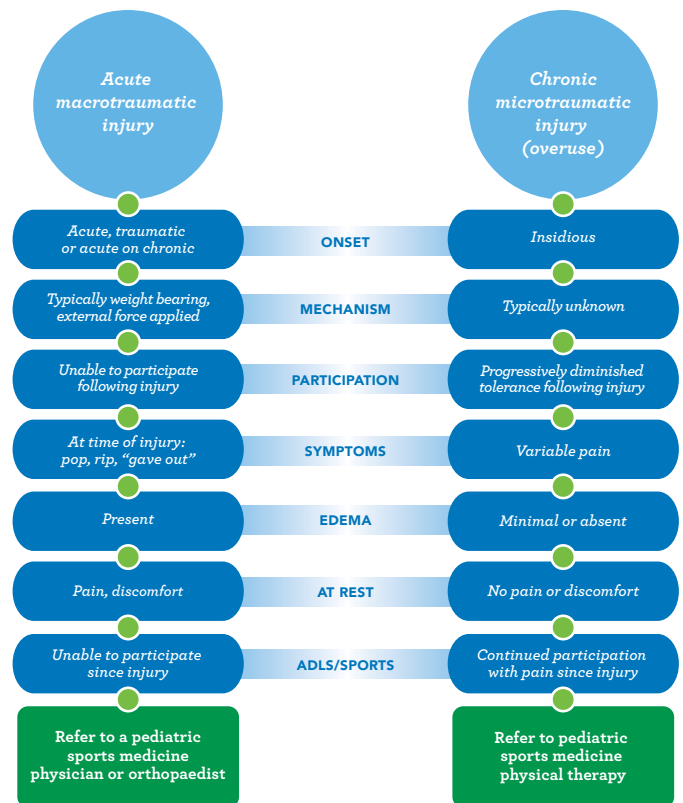
- Give your patient an order for physical therapy evaluation and treatment. Visit [choa.org/forms](http://choa.org/forms) to request our order pads and in-services.
- Direct the parent to [choa.org/sportsregistration](http://choa.org/sportsregistration) to register for an appointment online. Once the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

 Visit [choa.org/sportsmed](http://choa.org/sportsmed) for more information.

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



### Extremity pain upper/lower extremity



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









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