



DT18123



Children's Healthcare of Atlanta

STAT CALL REPORT

Pediatric Imaging

- Egleston, Scottish Rite, Webb Bridge, Town Center, Hughes Spalding\*, Satellite Blvd (Ultrasound Only)

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#: Reason For Exam (Signs, Symptoms, Chief Complaint) Diagnosis Code (Need ICD-10, Description):

Ordering Physician's Signature \*\*\*\*Please be sure to include Clinical Notes\*\*\*\*

Office Contact: Practice Phone: Backline Phone: Fax: PCP Name (if different): PCP Fax:

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

X-RAY

- Neck Soft Tissue, Clavicle Complete, Chest (1/2 views), Infant Chest w/ Abdomen, Ribs Bilateral 3 views, Ribs Bilateral w/ Chest (min 4 views), Abdomen AP (KUB), Abdomen 2V, Pelvis (1-2 views), Nose-Rectum, foreign object, Shunt Series, Sinuses, <3/3+ views, Skull, <4 views, Nasal Bones, Joint Survey 1 view, (Rickets), C-Spine, 2 or 3 views, T Spine (2 views), Scoliosis, L-Spine, 2-3 views (complete), Sacrum/Coccyx (2 views), Skeletal Survey, Bone Age, Bone Length (i.e. scanogram), Shoulder (min 2 views), Humerus (min 2 views), Elbow (2 views), Forearm (2 views), Wrist (min 3 views), Hand (min 3 views), Finger(s) (min 2 views), Femur (2 views), Knee (min 2 view), Tibia/Fibula (2 views), Ankle, 2/3 views, Foot (min 2 views), Toe(s) (min 2 views)

FLUOROSCOPY / OTHER

- Voiding Cystourethrogram (with urine culture), Voiding Cystourethrogram (no culture), Cystogram (non-voiding), Esophagram, Airway Fluoro/Diaphragm, Upper GI Series (thru duodenum), Upper GI Series with Scout, UGI SBFT (esophagus thru colon), Barium Enema, Mod Barium Swallow (OPMS with speech therapist), GI Tube Injection, Cont Inject Eval CVA Line, DXA Bone Density (Egleston and Scottish Rite Only), Other

ULTRASOUND

- Abdomen Complete w/Doppler, Elastography, Abdomen Limited, RUQ, Intussusception, Pylorus, Appendix, Other, Retroperitoneal (Renal) w/Doppler, Kidney Transplant, Pelvis Non/OB w/Doppler, Scrotum w/Doppler, Breast Complete R L Bil, Joint Effusion, Thyroid, Soft Tissue Head/Neck (Mass/Node), Soft Tissue Extremity, Soft Tissue Abdomen, Soft Tissue Pelvis, Soft Tissue Chest, Contrast CEVUS CEUS, TCD Hospital Only (HgbSS/SC), Doppler Vascular, Aorta/IVC/SMA/MALS, Venous Up Low R L Bil, Arterial Up Low R L Bil, Doppler IJV/Carotid R L Bil, Infant Only, Hips (<6 mos) Dynamic Static, Does child have a harness? Y N, Spine (<4 mos), Encephalogram (Cranial/Brain <12 m)

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

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