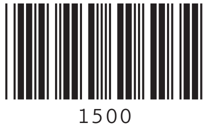

NORTHSIDE HOSPITAL
RADIOLOGY SERVICES
PEDIATRIC IMAGING SERVICES

To schedule your appointment,
Please call: 404-973-2326
Fax Orders: 770-933-3457
Email: NSPedsScheduling@northside.com

☐ **Please Pre-cert (Clinical info must be sent)**
☐ **Please call patient to schedule & Pre-cert**

Patient Name ______ **DOB** ______ **Day Phone** ______
Sedation ☐ **Yes** (available at Northside Johnson Ferry Imaging)
Appointment Date / Time: ______
Reason/Diagnosis for Exam ______
______
Referring Physician ______
ICD-10 Code ______
Telephone ______ **Fax** ______

SPECIAL REQUESTS –
Please check all that apply.
☐ STAT Call Report # ______
☐ Send with patient
☐ CD ☐ Film ☐ Other

MRI

Contrast: ☐ **at Radiologist Discretion** ☐ **w/wo** ☐ **w/o**

- ☐ Brain
  - ☐ Stroke Protocol (includes brain,MRA Head & Neck)
  - ☐ IACs/7th and 8th Nerves
  - ☐ Pituitary/Sella
- ☐ MRA
  - ☐ Brain ☐ Carotids
- ☐ Soft Tissue Neck (structures other than C-spine)
- ☐ MRCP
- ☐ Orbits
- ☐ Sinus/Facial
- ☐ TMJ
- ☐ Other: ______
- ☐ Spine
  - ☐ Cervical ☐ Thoracic
  - ☐ Lumbar ☐ Sacrum
- ☐ Pelvis
- ☐ Abdomen *(specify):* ______

Extremity
- ☐ Ankle R L
- ☐ Elbow R L
- ☐ Foot R L
- ☐ Hand R L
- ☐ Hip R L
- ☐ Knee R L
- ☐ Shoulder R L
- ☐ Wrist R L
- ☐ Tibia/Fibula R L

X-ray

- ☐ Abdomen
  - ☐ Acute Abdominal Series
  - ☐ RT or LT Lateral Decubitus
  - ☐ Flat Abdomen (KUB)
- ☐ AC Joints
- ☐ Bone Age with Height Prediction
  Current Height ______
- ☐ Chest, 2 views
- ☐ Clavicle R L
- ☐ Facial Bones
- ☐ Foreign Body
- ☐ Hip R L
- ☐ Orbits
- ☐ Other (specify): ______
- ☐ Pelvis
- ☐ Ribs R L
- ☐ Sacrum/Coccyx
- ☐ Skeletal Survey
- ☐ Skull
- ☐ Soft Tissue Neck (Croup)
- ☐ Soft Tissue Neck (Adenoids)
- ☐ Spine
  - ☐ Cervical
  - ☐ Thoracic
  - ☐ Lumbar
- ☐ Sternum
- ☐ Scoliosis series

Extremity
- ☐ Ankle R L
- ☐ Elbow R L
- ☐ Finger R L
- ☐ Femur R L
- ☐ Foot R L
- ☐ Forearm R L
- ☐ Hand R L
- ☐ Humerus R L
- ☐ Knee R L
- ☐ Shoulder R L
- ☐ Tibia/Fibula R L
- ☐ Toe R L
- ☐ Wrist R L

ARTHROGRAM

☐ MRI ☐ CT ☐ Fluoroscopy Only ☐ Joint: ______ R L

CT

Contrast: ☐ **at Radiologist Discretion** ☐ **w/** ☐ **w/o**

Head
- ☐ Head
- ☐ Orbits
- ☐ Paranasal Sinus
- ☐ Paranasal Sinus Stereotactic Protocol: ______
- ☐ Temporal Bones
- ☐ Facial Bones
- ☐ Soft Tissue Neck

Chest
- ☐ Chest
- ☐ Chest-High Res

Spine
- ☐ Cervical
- ☐ Thoracic
- ☐ Lumbar
- ☐ Sacrum
- ☐ Other (specify): ______

Abdomen
- ☐ Abdomen
- ☐ Pelvis
- ☐ Renal Mass Protocol (CT Abdomen w/o & w/ contrast)
- ☐ Stone Protocol (CT Abdomen/ Pelvis w/o contrast)
- ☐ Liver Protocol (CT Abdomen w/o & w contrast)
- ☐ Pancreas Protocol (CT Abdomen w/o & w contrast)
- ☐ Enterography

CT Angiography
- ☐ Intracranial Carotid (CTA Head)
- ☐ Cervical Carotid (CTA Neck)
- ☐ CTA Chest -Specify: ______
- ☐ Abdominal Aortic Aneurysm (CTA Abdomen) -with runoff includes iliofemoral
- ☐ Renal Artery (CTA Abdomen)

Extremity
- ☐ Ankle R L
- ☐ Elbow R L
- ☐ Foot R L
- ☐ Knee R L
- ☐ Wrist R L
- ☐ Shoulder R L
- ☐ Hand R L
- ☐ Tibia/Fibula R L

ULTRASOUND

- ☐ Abdomen: (Specify) ______
- ☐ Appendix
- ☐ Gallbladder
- ☐ Head
- ☐ Hips
- ☐ Pelvic (Non-OB)
- ☐ Other: ______
- ☐ Pyloric
- ☐ Renal
- ☐ Soft Tissue Neck
- ☐ Spine
- ☐ Testes w/doppler
- ☐ Thyroid
- ☐ Venous Duplex - rule out DVT
  - ☐ Lower extremity ☐ Upper Extremity
  - ☐ R ☐ L ☐ Bi

FLUOROSCOPY

- ☐ Airway
- ☐ Barium Swallow (Esophagus)
- ☐ Barium Enema
- ☐ Barium Enema with air contrast
- ☐ Chest
- ☐ Cystogram Voiding
- ☐ Small Bowel Series
- ☐ Upper GI Series w/ Air (Includes Barium Swallow)
- ☐ Other: ______
______
______

Physician's Signature: ______ **Print** ______ **Date/Time:** ______

Cell# of ordering MD: ______

Office Phone: ______ **Fax:** ______

Northside/Alpharetta Pediatric Imaging
3300 Old Milton Parkway, Suite 150
Alpharetta, GA 30005
Ph: 770-667-4340
Fax: 770-667-4322

Northside/Boulevard Outpatient Imaging
2000 Howard Farm Drive, Suite 100
Cumming, GA 30041
Ph: 770-292-6100
Fax: 770-292-6101

Northside Hospital/Cherokee Imaging
450 Northside Cherokee Boulevard
Canton, GA 30115
Ph: 770-224-1400
Fax: 770-224-1401

Northside/Conyers Imaging
2287 Salem Road SE
Conyers, GA 30013
Ph: 770-761-3811
Fax: 770-761-8878

Northside/Cumming Imaging
100 Mountain View Drive, Suite 200
Cumming, GA 30040
Ph: 770-205-8800
Fax: 770-205-1966

Northside/Dawson Imaging
81 Northside Dawson Drive, Suite 150
Dawsonville, GA 30534
Ph: 706-344-3300
Fax: 706-344-3333

Northside/Dekalb Imaging
2859 North Decatur Road
Decatur, GA 30033
Ph: 404-329-0656
Fax: 404-329-0207

Northside/Eagles Landing Imaging
913 Eagles Landing Parkway, Suite 200
Stockbridge, GA 30281
Ph: 770-506-4466
Fax: 770-506-4456

Northside/East Cobb Imaging
4800 Olde Towne Parkway, Suite 100
Marietta, GA 30068
Ph: 770-973-9702
Fax: 770-973-9775

Northside Hospita/Forsyth Imaging
1200 Northside Forsyth Drive
Cumming, GA 30041
Ph: 770-844-3230
Fax: 770-844-3395

Northside/Gainesville Imaging
425 Broad Street SE
Gainesville, GA 30501
Ph: 770-718-9776
Fax: 770-718-1910

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1400 Hembree Road, Suite 150
Roswell, GA 30076
Ph: 770-619-9976
Fax: 770-619-9266

Northside/Holly Springs Imaging
684 Sixes Road, Suite 100
Holly Springs, GA 30115
Ph: 678-388-5460
Fax: 678-388-5461

Northside/Johnson Ferry Imaging
993-F Johnson Ferry Road NE
Bldg. F, Suite 110
Atlanta, GA 30342
Ph: 404-252-3995
Fax: 404-851-1986

Northside/McGinnis Ferry Imaging
6630 McGinnis Ferry Road, Suite D
Johns Creek, GA 30097
Ph: 770-622-9158
Fax: 770-623-4992

Northside/Marietta Imaging
780 Canton Road, Suite 230
Marietta, GA 30060
Ph: 770-792-1234
Fax: 770-424-1194

Northside/Medical Center Imaging
6095 Professional Parkway, Suite 101B
Douglasville, GA 30134
Ph: 770-947-8100
Fax: 770-947-3404

Northside/Medlock Medical Imaging
11459 Johns Creek Parkway, Suite 120
Johns Creek, GA 30097
Ph: 678-584-2210
Fax: 678-584-2211

Northside/Meridian Mark Imaging
5445 Meridian Mark Road, Suite 450
Atlanta, GA 30342
Ph: 404-459-1875
Fax: 404-459-1880

Northside/Midtown Imaging
1110 West Peachtree Street, Suite 900
Atlanta, GA 30309
Ph: 404-875-2640
Fax: 404-874-6752

Northside/Snellville Imaging
1608 Tree Lane
Bldg. D, Suite 400
Snellville, GA 30078
Ph: 770-985-9040
Fax: 770-985-6502

Northside/Sugar Hill Imaging
4700 Nelson Brogdon Boulevard
Suite 100
Buford, GA 30518
Ph: 470-238-4110
Fax: 470-238-4111

Northside/Towne Lake Imaging
900 Towne Lake Parkway, Suite100
Woodstock, GA 30189
Ph: 770-591-9711
Fax: 770-591-1647

Northside/Village Center Imaging
204 Village Center Parkway
Stockbridge, GA 30281
Ph: 678-565-6364
Fax: 678-565-9909

Northside/West Paces Imaging
3200 Downwood Circle, Suite 140
Atlanta, GA 30327
Ph: 404-352-0444
Fax: 404-352-2529