



Pediatric Referral for Sedated Radiology Examination

Please complete and FAX to One Call: 828-213-4877 Date of referral: _____

Current (within 30 days) History & Physical is required to provide sedation service, and must be FAXED to One Call by the appointment date or your patient will be rescheduled.

For questions, please call One Call at 828-213-2222, option "2", Mon-Fri 8AM to 5:30PM

***** Prior APPROVAL Questions *****

Please provide insurance information: Primary Insurance Co. _____

Secondary Insurance Co. _____

1. Is one of these insurance companies providing coverage? BCBS __ Aetna __ UHC __

2. If one of the above is checked, please answer: Is this referral for a CT, MRI or Nuclear Medicine exam? Yes_ No _

If you checked #1 and answered YES to #2, Prior Auth #: _____ is required BEFORE scheduling your patient. If you checked #1 and you said NO to #2, no PA# is required. If nothing above applies, please continue.

***** Patient Information *****

Patient's Name: _____

Patient's DOB: _____

Parent/Caregiver Name _____

Home phone: () _____ Cell phone: () _____

Does parent give permission to leave message? Yes ___ No ___

***** Physician/Clinical Information *****

Exam Ordered: (eg: MRI Brain) _____

With SEDATION: Yes ___ With ANESTHESIA (Please indicate reason): _____

Contrast (required): with _____ without _____ with and without _____

Contrast Allergy? Yes ___ No ___

Diagnosis: _____

(Please do not use "Rule out" or "Evaluate for.." without also providing chief complaint)

Physician's Signature (required): _____

Physician's PRINTED Name: _____

Physician's FAX: _____

Thank you for this referral, Pediatric Sedation Team

***** ONE CALL Appointment Completed *****

After appointment is made, One Call will FAX this form back to you.

Appt Date/Time: _____

***** ONE CALL Request Pediatric Nurse Follow-Up *****

One Call will call and schedule your patient. If the parent answers yes to any of the following issues, the exam will NOT be scheduled until the pediatric nurse can call the parent back. After speaking to the parent, the nurse will notify One Call to schedule, or will notify physician that a new referral will be needed.

- Allergies to EGG, SOY, PEANUTS
• Prior adverse reaction or complications during anesthesia
• Congenital Cardiac disease
• Sleep apnea or obesity
• Difficulty opening mouth or moving neck

Parent stated child has issue: _____, requesting pediatric nurse to call parent:

***** NEW PHYSICIAN REFERRAL REQUESTED *****

Pediatric Sedation Team did NOT APPROVE for SEDATION because: _____

In order to schedule this exam Mission Hospital REQUIRES a physician's order W/O SEDATION or stating WITH ANESTHESIA.