



CALIFORNIA EAR INSTITUTE

Palo Alto • San Ramon

Dear Colleague

It has become standard practice in the early intervention for the congenital malformation Atresia – Microtia to evaluate young patients for potential surgical correction. Recent peer reviewed publications detail this protocol (Otolology & Neurotology 30:771-776, 2009). Multiple publications detail the value of early intervention for Speech and Language Development and cognitive function (see atresiarepair.com for more data).

In order to evaluate a child for this life improving intervention, it has become necessary to perform CT scans of the temporal bone at a much earlier age than previously. Scans at 2.5 years are recommended. In most situations, sedation is needed for a clear and crisp scan read. While the risk if radiation in today's scanners is much smaller than prior scans, we recommend every effort be made to get the scan needed in one attempt avoiding repeat scanning.

In some situations, Xoran scanners are available and offer an advantage of over a 90% reduction in radiation compared to first generation scanners. This technology also allows children to sit upright and avoid sedation in some instances (the scan takes 90 seconds and is performed like a panorex film). In others, a standard CT scanner is used with the patient in the supine or prone position with sedation and sometimes general anesthesia. Pediatric hospitals tend to be the best at this type scan as they perform them on a regular basis safely and efficiently.

Scan parameters are those used for standard temporal bone studies (1 mm cuts or less with bone windows, usually in a manipulable voxel format without contrast).

Your assistance in this process is greatly appreciated to determine the best treatment for our common patient.

With Kind Regards,

Dr Joseph Roberson
CEO, CEI Medical Group
Director, International Center for Atresia and Microtia Repair

www.californiaearinstitute.com



CT SCAN REQUEST

DATE: _____

PATIENT NAME: _____ DOB: _____

DOCTOR SIGNATURE: _____

E
A
R

<input type="checkbox"/>	CT of Temporal Bones, high resolution bone, and soft tissue windows	CPT: 70480	
	.2 mm cuts axial		
	.3 mm cuts coronal	Add CPT: 76376	
<input type="checkbox"/>	Superior Semicircular Canal Views		
<input type="checkbox"/>	Other:		
DIAGNOSIS (ICD-9 CODE) 1) _____ 2) _____ 3) _____ 4) _____			
RIGHT	<input type="checkbox"/> Atresia/Microtia 744.23	<input type="checkbox"/> Congenital Anomaly 744.3	<input type="checkbox"/> Otosclerosis 387.9
	<input type="checkbox"/> Acoustic Neuroma 225.1	<input type="checkbox"/> Dizziness/Vertigo 780.4/386.10	<input type="checkbox"/> SNHL 389.10
	<input type="checkbox"/> COM/Keratoma 701.1	<input type="checkbox"/> Facial nerve Lesion	<input type="checkbox"/> Tinnitus 388.31
LEFT	<input type="checkbox"/> Cochlear Implant Eval 744.3	<input type="checkbox"/> Glomus Tumor 237.3	<input type="checkbox"/> SSC Dehis 386.43
CIRCLE ONE:	R/O	F/U	H/O

S
I
N
U
S

<input type="checkbox"/>	Sinuses	CPT: 70486	
	• full (not of the mastoid)		
<input type="checkbox"/>	Sinuses/Insta Trak CT NEEDED FOR SURGERY	Add CPT: 76376	
	• Axial scan for Image Guided Surgery using GE NAV protocol		
	• Scan from top of headset to palate		
	• Without nose pad		
	• Burn axial navigation scan ONLY to CD Rom in non-compressed format (please do not include scouts or other files)		
	• Send labelled headset, and CD with patient		
DIAGNOSIS:	Chronic sinusitis 473.0	Headaches 784.0	Nasal polyps 471.0

F
A
C
E

<input type="checkbox"/>	Sinuses	CPT: 70486	
	• full (not of the mastoid)		
<input type="checkbox"/>	Upper Airway		
	• Nasal cavity to tip of epiglottis	CPT: 70490 70491	
DIAGNOSIS:	Chronic sinusitis 473.0	Headaches 784.0	Nasal polyps 471.0
	Sleep apnea 780.57	Nasal bone fracture 802.0	Deviated septum 470.0
	Nasal obstruction 478.19	Obstructive sleep apnea 327.23	

1. What symptoms are you/the patient experiencing?

2. Are you currently taking an antibiotic or have you been on an antibiotic? What is the name of the antibiotic? Yes No

- | | | |
|--------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Amoxicillin | <input type="checkbox"/> Clindamycin | <input type="checkbox"/> Z-Pak |
| <input type="checkbox"/> Augmentin | <input type="checkbox"/> Cipro | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Avelox | <input type="checkbox"/> Levaquin | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Biaxin | <input type="checkbox"/> Omnicef | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Ceffin | <input type="checkbox"/> Septra DS | |

3. Have you had prior sinus surgery? Yes No

**IF YES: INFORM PATIENT OF \$50 INSTATRAK
HEADSET FEE AND CIRCLE W/INSTATRAK ON FRONT
OF SHEET**

SCHEDULING INFORMATION

Date: _____

Insurance customer service #: _____

Authorization required: Yes No

Authorization #: _____ Verification Name: _____

- Patient has been scheduled on : Date: _____ Time: _____ Scheduled by: _____
- Call patient to schedule
- After repeated attempts, we have been unable to schedule patient due to: _____