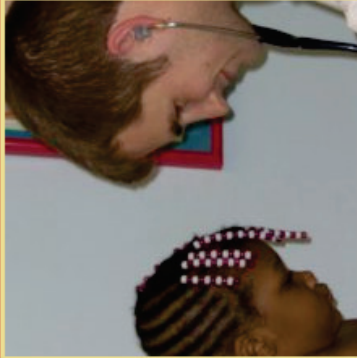


Revise with new website

Update documentation with Medical Home Information

Request a Call feature

Feedback options



# The PEDIATRIC CENTER OF STONE MOUNTAIN, LLC

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New Patient Guide

Request a Call

5405-D Memorial Drive

Stone Mountain

## Welcome to The Pediatric Center of Stone Mountain, GA

Drs. Edward and Jaquelin Gotlieb, are specialists in the care of infants, children, adolescents and young adults. They are fellows of The American Academy of Pediatrics and are board certified. In addition, Dr. Ed is a fellow of The Society for Adolescent Medicine.

Dr. Ed and Dr. Jackie established The Pediatric Center (TPC) in 1976 to provide for



The Pediatric Center  
TPCStoneMtn

TPCStoneMtn Commercial flu vaccines are in and available.

334 days ago · reply · retweet · favorite

TPCStoneMtn FluMist vaccine in office for patients with insurance! It is a nasal flu vaccine if you have no history of asthma. Call for appointment..

359 days ago · reply · retweet · favorite

TPCStoneMtn Don't forget to use your

PCMH 1-C:5 & 6  
electronic request  
step 1



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New Patient Guide

Request a Call

5405-D Memorial Drive  
Stone Mountain,  
Georgia  
30083-3236 ([map](#))

Phone:  
(404) 296-3800  
Fax:  
(404) 297-8753

Location Hours:  
Monday through Friday  
9 A.M. until 5 P.M.  
Appointment Line  
opens 8:00 AM

## Request a Call

### PCMH 1:C:5 & 6, step 2, complete the request

Please complete the following form and check the appropriate box for the reason you need us to contact you.

We will call you back as soon as possible during normal business hours.

All information must be completed in order to process your request.

THIS FORM IS NOT INTENDED TO USE FOR COMMUNICATING MEDICAL INFORMATION.

Patient Name

Date of Birth

Parent/Caregiver Name

Contact Number

In regards to:

- Appointment
- Referral
- Prescription Refill
- Other

**Specific reason  
for request**

Submit

**FormToEmail Comments**

webmaster@the-pediatric-center.com

Sent: Tue 7/24/2012 5:35 PM

To: ally@the-pediatric-center.com; april@the-pediatric-center.com

---

**this is what the emailed  
form looks like when it  
is received**

Name: Request a call

DOB: is on the site

Parent/Caregiver Name: press Ctrl+F5

Phone Number: if you don't see it

Appointment: on

Referral: on

Refill: on

Other: on

Submit: Submit

Produce report quarterly

PCMH1:C:1	4/6/12 - 7/5/12			Health Information	
	PATEINTS WHO MEET CRITERIA	QUALIFYING PATIENTS	RATE	Summaries	
	0	15	0%		
	1	62	2%		
	1	45	2%		
	2	49	4%		
<b>Totals</b>	<b>4</b>	<b>171</b>	<b>2%</b>		

PCMH1:C:3	4/6/12 - 7/5/12			Clinical Summaries for	
	PATEINTS WHO MEET CRITERIA	QUALIFYING PATIENTS	RATE	Each Visit	
	349	371	94%		
	570	1097	52%		
	534	770	69%		
	436	723	60%		
<b>Totals</b>	<b>1889</b>	<b>2961</b>	<b>64%</b>		