

NeuroLinks

Request for Intraoperative Monitoring

1145 S. Utica Ave, STE. 901
Tulsa, OK 74104
Phone: (918) 742-0400
Fax: (918) 742-0904

Patient Name: _____ DOB: _____ SSN: _____

Requested Procedure: _____

Diagnosis: _____

Facility where procedure will be performed: _____

Requested Date: _____ Requested Time: _____

• **Face Sheet** • **Patient H & P** • **Insurance Info** • **Patient Signed Surgical Consent**

Please indicate the needed IOM services:

- EEG (CPT: 95812, 95813)
- EMG (CPT: 95860, 95861, 95866, 95867, 95868, 95869)
- SSEP (upper/lowers) (CPT: 95938)
- Baselines (CPT: 95870, 95925, 95926, 95928, 95929, 95816)
- Motor Evoked Potentials (Uppers & Lowers) (CPT: 95939)
- Pedicle Screw Stimulation (CPT: 95907, 95908, 95909, 95910, 95911, 95912, 95913)
- Facial Nerve (CPT: 95867, 95868)
- Brainstem Auditory Evoked Potentials (CPT: 92585)
- Visual Evoked Potentials (CPT: 95930)
- Laryngeal Nerve (Intubation Tube)
- Brain Mapping (CPT: 96020)
- Intraoperative Monitoring (95940, 95941, G0453)

Requesting Physician's Signature

Please fax information to (918) 742-0904