

NeuroLinks of Tulsa, LLC  
Request for Clinic Services

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

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_ SSN: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Facility where procedure is to be performed: \_\_\_\_\_

Requested Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please also provide:

• Patient signed consent • \*Insurance information • Patient Demographics • Physician Order

\*Please indicate by checking this box if pre-authorization is needed.\*

ORDERING THE FOLLOWING PROCEDURE

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- EEG Routine (CPT: 95812, 95813, 95816, 95819, 95957, 93041)
- EEG Sleep Deprived (CPT: 95812, 95813, 95816, 95957, 93041)
- 24 Hour AEEG (CPT: 95956)
- 48 Hour AEEG (CPT: 95956)
- 72 Hour AEEG (CPT: 95956)
- EMG (CPT: 95860, 95861, 95863, 95864, 95885, 95886, 95887, 95900, 95903, 95870)
- NCS (9597, 95908, 95909, 95910, 95911, 95912)
- SSEP (CPT: 95925, 95926, 95938)
- Other Neurophysiological Services: \_\_\_\_\_

Requesting Physician's Signature \_\_\_\_\_

Please fax all information to (918) 742-0904 / order online [www.neurolinksgroup.com](http://www.neurolinksgroup.com)