

# NeuroLinks

## Request for Intraoperative Monitoring

1919 S Wheeling, Ste 303  
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**