



Spine & Brain Monitoring, LLC

14 Old Bridge Turnpike. South River, NJ 08882

Tel. (973) 855-7570 • Fax (732) 210-2514

ORDER FORM - PLEASE COPY AND FAX OR EMAIL SEE BELOW FOR SCHEDULING

Patient Name _____ Date _____

CONTACT INFORMATION:

Scheduler Name _____

Scheduler Email _____

Scheduler Phone _____ Scheduler Fax _____

PROCEDURE:

Hospital Facility _____

Surgeon Name _____

Date of Procedure _____ Start time _____ Duration _____

ICD - 10 Code _____

ICD - 10 Description _____

Procedure Type _____

MONITORING REQUEST, PLEASE CHECK ALL BELOW THAT APPLY:

- | | |
|---|---|
| <input type="radio"/> EMG | <input type="radio"/> Sensory Mapping |
| <input type="radio"/> SSEP (<i>Semeory</i>) | <input type="radio"/> (<i>Phase Reversal</i>) |
| <input type="radio"/> Motor Mapping | <input type="radio"/> TcMEP (<i>Motors</i>) |
| <input type="radio"/> (<i>Direct Cervical Slim</i>) | <input type="radio"/> Direct Nerve Stimulation |
| | <input type="radio"/> Pedicle Screw Stimulation |

OTHER _____

INSURANCE / DEMOGRAPHICS

MUST INCLUDE A COPY OF THE PATIENTS FACE SHEET, INSURANCE CARD, HISTORY & PHYSICAL (H&P) EXAMINATOR

PATIENTE NAME _____ DOB _____

ADDRESS _____ PHONE _____

INSURER _____ INSURANCE ID# _____

GROUP NAME _____ GROUP # _____

IS PATIENT THE INSURED? ☐ Y ☐ N

IF NO, PLEASE PROVIDE: INSURANCE NAME _____ INSURED DOB _____

Statement of Medical Necessity

Infraoperative Neuromonitoring (IONM) services are being provided for the above named patient's surgery at my request. These services are provided for the purpose of preventing, diagnosing and / or treating an illness, injury or its associated symptoms, impairments or functional limitations in a manner that is (1) in accordance with generally accepted standards of medical practice; (2) clinically appropriate in terms of type, frequency, extended, site and duration, and (3) not primarily for the convenience of the patient,

Surgeon's Signature _____ Date _____

SEND SCHEDULING REQUEST TO SPINE AND BRAIN MONITORING, LLC BY EMAIL: kevgdc@yahoo.com

SCHEDULING HOTLINE 24/7/365: Phone (973) 855-7570

SCHEDULING BUSINESS OFFICE HOURS - 9:00AM TO 10PM

Please allow 10 minutes response time when calling outside of the hours of 8AM -5PM Eastern time, or on weekends and holidays.