



000247

Patient Name:		DOB	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Phone:	Alternate Phone:	Social Security #:	
Insured Name:	Plan Name:	Plan Phone Number:	
ID#:	Group #:	AUTH#:	
Diagnosis:	ICD-10 Code:		

EEG PROCEDURES

<input type="checkbox"/> Routine Awake : EEG including Recording Awake and Drowsy	CPT 95816
<input type="checkbox"/> Awake / Asleep: EEG including Recording Awake and Asleep	CPT 95819
<input type="checkbox"/> Sleep Deprived: EEG including Recording Awake and Asleep	CPT 95819
<input type="checkbox"/> Extended Monitoring, up to 1 Hour	CPT 95812
<input type="checkbox"/> Ambulatory EEG Monitoring (Circle One) 24hr 48hr 72hr Other (specify) _____	CPT 95953
<input type="checkbox"/> Video EEG Monitoring (Circle One) 8hr Other (specify) _____	CPT 95951
<input type="checkbox"/> WADA Test	CPT 95958

EVOKED POTENTIALS

<input type="checkbox"/> Visual Evoked Potentials (VEP)	CPT 95930
<input type="checkbox"/> Brainstem Auditory Evoked Potentials (BAEP)	CPT 92585
<input type="checkbox"/> Upper Extremity Somatosensory Evoked Potentials (SSEP Upper)	CPT 95925
<input type="checkbox"/> Lower Extremity Somatosensory Evoked Potentials (SSEP Lower)	CPT 95926

EPILEPSY MONITORING UNIT

<input type="checkbox"/> Phase I, Non-Invasive Inpatient EEG Video Monitoring	CPT 95951
<input type="checkbox"/> Phase II, with Intracranial Electrodes	CPT 95951

PURPOSE OF EVALUATION:

<input type="checkbox"/> Diagnosis & Characterization of Seizures	<input type="checkbox"/> To Rule Out Seizures
<input type="checkbox"/> Pre-Surgical Work Up	<input type="checkbox"/> Evaluation for Possible VNS Implant

Would you prefer to be the Admitting Physician ? Yes No

REFERRING PHYSICIANS

SCHEDULING 713-441-3078 / FAX 713-793-7548

Send Reports to:

<input type="checkbox"/> Fax Number () -	
<input type="checkbox"/> Mailing Address:	

Other Comments:

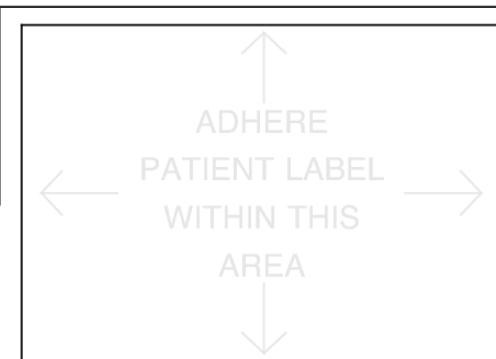
Physician Name _____ NPI # _____

Physician Signature _____ Date _____

Physician Phone No _____ Fax No _____ Contact _____

FAX appropriate documentation supporting medical necessity for Epilepsy Monitoring including History, Physical, Clinic Notes, etc. AND this Order Form to 713-793-7548

NEUROPHYSIOLOGY ORDER FORM



DIRECTIONS TO THE HOUSTON METHODIST HOSPITAL DEPARTMENT OF NEUROPHYSIOLOGY



The Neurophysiology Department is located at Houston Methodist Hospital on the 4th floor of the Main Building. Please check in at M423, which is located in the corner of the 4th floor between patient wings N4NW and the ICU.



Houston Methodist Hospital Department of Neurophysiology
6565 Fannin St., M423 | Houston, TX 77030
713.441.3078