



UF Health Magnetoencephalography (MEG) Laboratory

Dorothy Mangurian Neuroimaging Suite

Norman Fixel Institute for Neurological Diseases

Address: 3011 SW Williston Rd, Gainesville, FL 32608

Scheduling Information:

Preferred Method of Contact: Please scan this form and email it to us at MEGLAB@Shands.ufl.edu for prompt assistance.

Phone: (352)-733-8146 | **Fax:** (352)-733-9348

MEG OUTPATIENT ORDER FORM

1. PATIENT INFORMATION:

Patient Name: _____ **Date of Birth:** _____ Male Female

Contact Phone: _____ **E-mail:** _____

Diagnosis/Reason for Exam: _____

Insurance Plan: _____ **ID Number:** _____ **Group Number:** _____

ICD Diagnosis Codes: _____ **Authorization Number (if known):** _____

2. APPOINTMENT SCREENING:

Please indicate if patient has any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Aneurysm Clip | <input type="checkbox"/> Shunt (spinal or intraventricular) | <input type="checkbox"/> Non-removable piercings |
| <input type="checkbox"/> History of metal in eyes | <input type="checkbox"/> Any Type of Prosthesis (leg, eye) | <input type="checkbox"/> Permanent make-up or tattoo |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Hearing aid | <input type="checkbox"/> Artificial limb or joint replacement |
| <input type="checkbox"/> Stimulators (Deep Brain/Vagal Nerve) | <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Pin, screw, or plate in any bone |
| <input type="checkbox"/> Artificial Heart Valve | <input type="checkbox"/> Braces, orthotics, permanent retainer | <input type="checkbox"/> IUD, diaphragm, or pessary |
| <input type="checkbox"/> Metal Stent, Filter, or Coil | <input type="checkbox"/> Crowns, posts or implants in teeth | <input type="checkbox"/> Implanted electronic device or pump |

3. REQUESTED EXAM:

MEG Protocols:

- | | |
|---|--------------|
| <input type="checkbox"/> Spontaneous brain magnetic activity (spike localization) | CPT 95965 |
| <input type="checkbox"/> Language mapping | CPT 95966/67 |
| <input type="checkbox"/> Somatosensory mapping | CPT 95966/67 |
| <input type="checkbox"/> Motor mapping | CPT 95966/67 |
| <input type="checkbox"/> Visual mapping | CPT 95966/67 |
| <input type="checkbox"/> Auditory mapping | CPT 95966/67 |

Other Studies Performed with MEG:

- | | |
|--|-----------|
| <input type="checkbox"/> EEG | CPT 95812 |
| <input type="checkbox"/> MRI Brain—MEG & Epilepsy protocol | CPT 70551 |
| <input type="checkbox"/> Additional Orders Attached | |

Special Notes:

4. ORDERING PROVIDER INFORMATION:

Referring Provider: _____ **Signature (Required):** _____

Note: No Signature Stamps Accepted

Office Phone: _____ **Office Fax:** _____ **Today's Date/Time:** _____

5. TO BE COMPLETED BY MEG LAB AT UF HEALTH:

Appointment Date: _____ **Appointment Time:** _____

Patient Check in Time: _____