

LOMA LINDA UNIVERSITY MEDICAL CENTER

Neurodiagnostic Outpatient Lab

11360 Mountain View Avenue, Hartford Building, Suite D, Loma Linda, CA 92354

Phone: (909)558-4415, option 2, Fax: (909) 558-4692

Outpatient Physician Order Form

Patient Information

*Patient Name:	*Male / Female	*DOB: / /
*Phone (Home):	*Phone (Cell):	

Procedure Ordered: check all that apply (Required)

X	Service Code	CPT Code	Outpatient Procedure
		95816	Routine Electroencephalogram (EEG) (Awake and Drowsy) Sleep deprive patient before procedure? Yes / No
		95819	Routine Electroencephalogram (EEG) (Awake and Sleep) Sleep deprive patient before procedure? Yes / No
	605713	95713	Video with EEG, 2 - 12 hours CONT MNTRD (8 Hr max) (Please specify number of hours: 2 or _____)
	605708	95708 x(days) 95700 x1	Prolonged Home Ambulatory (24 Hr), W/O VIDEO UNMNTRD (must have authorization for each day requested) Please select number of days: _____ (4 day max)
	600653	92653	Auditory Evoked Potential
	600218	95930	Visual Evoked Potential (Checkerboard / Flash)
	600220	95925	Somatosensory Evoked Potential (Upper Limbs)
	600223	95926	Somatosensory Evoked Potential (Lower Limbs)

Please Note: All outpatient referrals (peds/adults) to be authorized to:

*Loma Linda University Medical Center *Tax ID: 953522679 *NPI: 1912914821 *POS: 22
11234 Anderson St. Loma Linda CA 92354

Diagnosis (Required)

DX:

Physician Information (Signature Required)

*Ordering Physician Name:	*Phone:	*Fax:
*Ordering Physician Signature:	*Date:	

PLEASE FAX THIS FORM AND AUTHORIZATION TO BOTH 909-558-4692 and 909-651-4257