

MEG/EEG/MRI Orders

Please answer all questions and check all options & conditions that apply.

Patient Name: _____

Date of Birth: _____

Clinical History: _____

Indication/Diagnosis: _____

ICD9/10 Code: _____

MRI Findings: _____

EEG

Findings: _____

Please check all studies to be performed. Note that a high-resolution brain MRI volume is required for Magnetic Source Imaging and integration of MEG data with brain anatomy. Also, please note that the MEG recording system cannot accommodate patients weighing greater than 298 lbs. Simultaneous recording of EEG is performed in all patients.

Magnetoencephalography (MEG):

☐ Analysis of Spontaneous MEG Activity: source modeling of spikes, sharpwaves, slow waves.

Evoked Responses:

☐ Auditory ☐ Language Dominance ☐ Somatosensory ☐ Visual

(If patient needs sedation language and visual modalities cannot be done)

Magnetic Resonance Imaging (MRI):

☐ The patient will need a 3-D high-resolution MRI **without contrast (MEG Protocol)** for integration with the MEG data.

Weight (lbs) _____

Other:

☐ The patient has an implanted VNS/RNS system. This device will be turned off during MEG and MEG data acquisition.

☐ The patient has other implanted devices/metallic hardware. Please specify: _____

☐ The patient will need sedation. Sedation is performed under supervision of the anesthesia team.

Special requests:

All elements within this box must be completed

Provider Organization: _____

Provider Signature: _____ Date: _____

State License# _____ NPI#: _____

Physician Orders



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External Physician Order - Item # 50579