

**Patient Information**

Patient Name	
Patient Social Security Number	
Patient Date of Birth	
Patient Address	
Patient Phone Number	
Patient Insurance Carrier	
Subscriber ID	
Subscriber Name	

**Referring Provider Information**

Referring Provider	
Referring Provider Phone Number	
Referring Provider Mailing Address	
Referring Provider e-mail Address	
Hospital	

**MEG Information**

MEG order (Choose below)	
95965 MEG, spontaneous recording and analysis	<input type="checkbox"/> Spontaneous brain magnetic activity
95966 MEG, evoked magnetic fields	<input type="checkbox"/> Auditory Evoked Field <input type="checkbox"/> Median Somatosensory Evoked Field <input type="checkbox"/> Post Tibial Somatosensory Evoked Field <input type="checkbox"/> Visual Evoked Field <input type="checkbox"/> Language Evoked Field <input type="checkbox"/> Motor Evoked Field
Diagnosis	
If pre-determination completed, authorization number:	

**Additional Information**

Does the patient have a VNS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
VP Shunts that are <b>incompatible</b> with MEG: Medtronic Strata valve and Medos Codman Hakim Valve	
Does the patient have a VP shunt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is the make and model?	
Is the circumference of the patient's head less than 60 cm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note: Anesthesia and/or sedation are not used with MEG	

Please:

- Email this form completed with the Letter of Medical Necessity for MEG to Cleveland Clinic's MEG Team at [epilepsy@ccf.org](mailto:epilepsy@ccf.org) and [burgessr@ccf.org](mailto:burgessr@ccf.org).
- Fax relevant medical records along with this request to 216.636.0410.

If you have any questions, please call Cleveland Clinic's Epilepsy Monitoring Unit at 216.445.5026. Out of state patients or referring physician, please call 216.445.0601.

Cleveland Clinic Epilepsy Center interpreting physician will communicate MEG findings with your office upon completion of the test.