

INTRAOPERATIVE MONITORING ORDER FORM

Neurodiagnostics Department

Telephone: 517-975-2935

Fax: 517-975-2934

Please complete and fax the following information to request IOM services.
You will receive a return confirmation number via fax when the surgery has been placed on our schedule.

If you DO NOT receive a confirmation number within 2 business days, please call our department immediately to avoid any scheduling conflicts.

ORDER FOR IOM INCLUDES PRE-SURGICAL EP BASELINE UNLESS OTHERWISE NOTED

CONFIRMATION #:

Patient Name:	
Date of Birth:	
Patient Phone Number:	
Surgical Procedure:	
Spinal Levels:	
Diagnosis:	
Date of Surgery:	
Time:	
Estimated Length of Procedure:	
Monitoring Modalities Requested (circle all that apply)	<p style="text-align: center;">SSEP TcMEP EMG</p> <p style="text-align: center;">Pedicule Screw Stimulation</p> <p>Other:</p>
Surgeon:	
Campus:	
Physician Signature (Required in order to serve as physician order)	

Laurie Braun, R.EEGT, CNIM

Pager (517)794-5337

Cell (517)614-2043