



University of Colorado School of Medicine MEG Lab Referral Form

Fitzsimons Building

13001 E. 17th Place

Aurora, CO 80045

Phone: 303-724-2184 | Fax: 303-724-2213

Email: jerri.lusk@cuanschutz.edu

Insurance Must Approve the following CPT Codes:

- PR MEG, Spontaneous Brain Magnetic Activity [95965 CPT]
 - PR MEG, Evoked Magnet Fields, Single Modal [95966 CPT]
 - PR MEG, Evoked Magnet Fields, EA ADDL Modal [95967 CPT]
-

Patient Name:

Date of Birth:

Parent/Guardian Name:

Home Address:

Cell Phone:

Home Phone:

Work Phone:

Email Address:

Insurance Carrier (Please Provide Copy of Insurance Card):

ID:

Group No:

Secondary Insurance:

Diagnosis ICD-10/Reason for Referral:

Please provide a copy of patient's latest clinic notes and MRI brain report

Referring Physician Name:

Referring Physician Contact Phone:

Referring Physician Fax:

Referring Physician Email Address: