Spectrum Health

Physician's Orders
MAGNETOENCEPHALOGRAM - OUTPATIENT

FAX ORDERS TO: 616-486-9998 (please include qualifying documents)

Patient Information:

Name _____ Date of birth _____

Parent/Guardian Name _____

Address _____ Phone _____

Cell phone _____ E-mail _____

Insurance Carrier _____ ID _____ Group No. _____

Secondary Insurance:_____

Diagnosis ICD-10/Reason for referral: _____

☐ Intractable Epilepsy ☐ Epileptiform EEG ☐ MRI Abnormal/lesion

Epilepsy Patient Rescue Medication:_____Dosage:_____

Patient Screening:

Please indicate if patient has any of the following:

- ☐ Aneurysm clip, Pacemaker
- ☐ Stimulators (Deep Brain/Vagal)
- ☐ Artificial Heart Valve
- ☐ Metal Stent, Filter or Coil
- ☐ Shunt (spinal or Intraventricular)
- ☐ Programmable shunt
- ☐ Any Type of Prosthesis (leg, eye)
- ☐ Cochlear Implant/Hearing Aid
- ☐ Braces, orthotics, retainer
- ☐ Dental Implants, crowns
- ☐ Non-removable piercings
- ☐ Joint replacement, pins, screws
- ☐ IUD, diaphragm, or pessary
- ☐ Implanted electronic device
- ☐ Surgical Implant, plates, screw

Requested Exam:

MEG Protocol:

☐ Spontaneous MEG
(Epilepsy Scan with EEG)

Functional Mapping:

- ☐ Motor
- ☐ Somatosensory
- ☐ Vision
- ☐ Auditory
- ☐ Language

Sedation:

- ☐ Pediatric
- ☐ Adult

MRI:

☐ MRI Limited (T1-3D High Resolution)

URGENT YES / NO (if yes, we will contact you)

Special Notes:

Referring Physician

DATE_____ **TIME**_____ Physician signature _____

Physician name (printed) _____

Contact: Name _____ Organization _____

Phone _____ E-mail _____ Fax _____

SPECTRUM HEALTH Helen DeVos children's hospital

Jack H. Miller Magnetoencephalography Center
100 Michigan St. NE. Suite D9010., Grand Rapids, MI, 49503
Phone: 616-486-9995 Fax: 616-486-9998 Email: megcenter@spectrumhealth.org

For Referring Physicians

Medical Necessity

- The MEG exam is typically considered medically necessary for patients undergoing presurgical evaluation for intractable epilepsy, brain tumor, AVM, or other brain neoplasm requiring resection.
- For epilepsy patients, documentation of at least 2 failed Anti-Epileptic Drugs, a diagnosis of simple or complex localization related seizure disorder, and an order for presurgical evaluation should be documented. Discordant or unclear MRI and or EEG results also solidifies medical necessity.

Screening and Requirements

- Please note on the referral any implants or other non-removable metals on/within the patient. Most implants can be tolerated with post-process filtering, but some, like programmable shunts may not be compatible. We will discuss each case individually.
- A high-resolution 3D T1 MRI (cuts of 1mm or less) of the brain is required to analyze the MEG exam. The MRI should have full head coverage including scalp, full nose, and ears. Please note that if an MRI brain with these parameters is not available, we will need this ordered with the MEG.

Referrals:

- Physicians outside of Spectrum Health may use the outside referral form. Please fill out the entire form and gather medical documents supporting medical necessity, i.e. previous reports of EEG, EMU, MRI, Medical notes, and fax to 616-486-9998. **MRI is required in advance of the MEG procedure. Either indicate a new MRI (MEG-MRI, limited study) to be done on the order form or arrange a disk to be sent at least 5 days in advance of the exam to our address indicated on the referral. See above for required MRI parameters.

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