



Magnetoencephalography Referral Cover Sheet

To start the referral process, send this form along with pertinent medical information to ucsf.bil@ucsf.edu. We also request MRI DICOM Images to be sent to UCSF Biomagnetic Imaging Lab. Please read Referral Instructions for more information.

PATIENT INFORMATION

Last Name:	First Name:
DOB (MM/DD/YYYY):	Parent's Name, if child:
Interpreter Needed:	Language if interpreter needed:
Primary Phone:	Alternate Phone:
Address:	City, State:
Insurance:	Diagnosis/ICD10:

REFERRING INSTITUTION INFORMATION

Referring MD:	Referring Institution MRN:
Institution:	E-mail(s) to receive results:
Primary Contact:	Contact Phone:

EPILEPSY MEG/MSI EXAM INFORMATION

A standard presurgical epilepsy study includes:

- Spontaneous MEG and EEG with mapping of epileptiform activity
- Functional Mapping
 - Somatosensory evoked fields, left and right 2nd digit (LD2, RD2)
 - Language lateralization (verb generation & picture naming)

Additional Functional Mapping requested:

- Motor evoked fields
- Auditory evoked fields
- Additional somatosensory fields: _____
- Visual evoked fields

Use CPT 95965, 95812, 95966, 95967 for standard study. Add an additional CPT 95967 for each additional modality requested.

Please specify any desired additions to or omissions from the standard exam, or other notes re. protocol:

ADDITIONAL INFORMATION REQUIRED prior to scheduling exam

Date of most recent MRI Brain:	Facility where MRI done:
PLEASE SEND MRI DICOM IMAGES TO UCSF BIOMAGNETIC IMAGING LAB	

Is Pre-Authorization required?

Please be sure to include ALL of the requested items in your email or FAX	1. Demographic and insurance information	5. Epilepsy clinic and surgical case conference notes
	2. Authorization for MEG (if required)	6. Recent routine and video-EEG reports
	3. Recent MRI Report (with DICOM Images)	7. Recent PET and/or SPECT reports
	4. Copy of patient's insurance card	

If you have any questions, please feel free to contact ucsf.bil@ucsf.edu or call us at (415) 476-6888, or fax at (415) 502-4302.

Please electronically transfer the patient's **high-res 3D**** MRI Brain via lifeIMAGE or similar to the:

UCSF Radiology Referral Box

(Otherwise, please copy the MRI to CD, then **Federal Express** (**standard overnight** or priority overnight, please do not send by priority first overnight) to:

UCSF Biomagnetic Imaging Lab
513 Parnassus Ave, Room S-362
San Francisco, CA 94143-0628
(415) 476-6888
FedEx Acct# 2173-6927-4
[Please include B000409275 in the reference section]

Please note that we will **NOT** be able to schedule the patient until we have received a high-resolution brain MRI AND confirmed that it is usable for MSI analysis. Additionally, if the required documents mentioned above are NOT included with the referral, this may **significantly delay** scheduling the patient.

If obtaining a new MRI, please include the following instructions in the MRI order to ensure that the MRI technician obtains an appropriate sequence:

**MRI Brain must meet the following guidelines:

- One of the following high-resolution series: 3D MPRAGE T1-weighted scan, 3D SPGR T1-weighted scan, or 3D FSE T2-weighted scan.
- To guarantee resolution, series must have AT LEAST 150 slices. Preferably 200+.
- NOT a multi-angle or oblique scan, series is without contrast.
- Images should have black space around the whole head with coverage of fiducial landmarks (nasion,inion, bilateral preauricular points & tragi, etc.)