NeuroLogic, LLC
The Logical Choice for IOM

8547 E. Arapahoe Road, Suite 555
Greenwood Village Co. 80112

Please Print out and Complete the Form below then Fax it to **(866)-897-0799**

Requestors Name: _____

Requestors Phone: _____

Requestors Email: _____

Hospital Name: _____

Hospital Contact: _____

Hospital Phone: _____

Contact Email: _____

Schedule Type (Please select one)

☐ New Appointment ☐ Reschedule Appointment ☐ Cancel Appointment

Appointment Date: _____

Appointment Time: _____ AM / PM

Expected Duration of Procedure: _____ Hours

Surgeon: _____

Type of Surgery: _____

Type of Monitoring Required (Check all that apply)

☐ SSEP ☐ EMG ☐ TCMEP ☐ PST ☐ EEG ☐ VEP ☐ MCM

☐ NAP ☐ BAER-CN VII ☐ UPPER CN EMG ☐ LOWER CN EMG

☐ ENT-CN EMG ☐ ENT-CN X ☐ ENT-CN VII

Additional Information:

_____

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_____

Please also fax the signed surgical consent requesting Intra-Operative Monitoring