EF 3.19

VISUAL EVOKED POTENTIAL (Transient)
Interpretation and Report

CPT Code 95930

Patient Name | Date

CLINICAL INDICATIONS

Chief Complaint _____

Identification and/or follow-up of the following:

- ☐ Disorders of the optic nerve and visual pathways
- ☐ Nervous system lesions and abnormalities
- ☐ Neoplasm compressing the optic nerve
- ☐ Injury to the eye or brain
- ☐ Disorders of the globe
- ☐ Retinal disorders
- ☐ Visual disturbances
- ☐ Conversion disorder
- ☐ Multiple sclerosis

VISUAL ACUITY

O.D. 20/ _____

O.S. 20/ _____

DIAGNOSIS CODE

EXAM PROTOCOL

- ☐ Small checkerboard
- ☐ Large checkerboard

INTER-EYE SYMMETRY

☐ Normal ☐ Abnormal

TEST RELIABILITY

☐ Good ☐ Bad

SIGNAL PROCESSING

P100 PEAK TIME

Right Eye	Left Eye
_____ ms	_____ ms

AMPLITUDE

Right Eye	Left Eye
_____ uV	_____ uV

MAGNITUDE-SQUARED COHERENCE

Right Eye		Left Eye
☐	Normal	☐
☐	Abnormal	☐

N75-P100 WAVE COMPLEX

Right Eye		Left Eye
☐	Normal Reponse Waveform	☐
☐	Delayed Peak Time	☐
☐	Reduced Amplitude	☐
☐	Reduced Complex	☐
☐	Abolished Complex	☐
☐	Wave Shape Perturbation	☐

NARRATIVE (findings, interpretations, conclusions)

_____

_____

COMPARATIVE DATA

Previous Test Date _____ ☐Staying The Same ☐Getting Better ☐Getting Worse

_____

_____

MEDICAL DECISION-MAKING

- ☐ Good Control
- ☐ Borderline Control
- ☐ Uncontrolled
- ☐ Failing to change as expected
- ☐ Stable
- ☐ Worsening
- ☐ Resolving
- ☐ Resolved

RELEVANT CLINICAL ISSUES

Initiate Treatment	Change Treatment
☐ Yes	☐ Yes
☐ No	☐ No

Doctor's Signature _____ **Next Test** _____

EYEFORMS