EF 3.20	VISUAL EVOKED POTENTIAL (Flash) 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

INTER-EYE SYMMETRY

☐ Normal ☐ Abnormal

TEST RELIABILITY

☐ Good ☐ Bad

SIGNAL PROCESSING

PEAK TIME

Right Eye	Left Eye
____________ ms	____________ ms

AMPLITUDE

Right Eye	Left Eye
____________ uV	____________ uV

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)

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____

COMPARATIVE DATA

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

____

____

MEDICAL DECISION-MAKING

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

RELEVANT CLINICAL ISSUES

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

Doctor's Signature ______________________________ **Next Test** ____________

EYEFORMS

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