



3 2 9 7

NEUROLOGY DATA SHEET

MEDICAL RECORD# _____

DOB _____

NAME _____

VISIT# _____

Date of Surgery: _____

Time (military) of Surgery: _____

Surgeon: A. Jacob & _____

Location: _____

Procedure:

Meniere's Disease

Diagnosis

- Cochlear
- Vestibular
- Cochleovestibular

Procedure

- Endolymphatic SAC incision
- Sac-Mastoid Shunt
- Sac-subarachnoid space Shunt
- Middle fossa VNS
- Retrosigmoid VNS
- Retrolabyrinthine VNS
- Labyrinthectomy
- Labyrinthectomy with VNS

Anesthesia

- General
- Local
- MAC

Facial Nerve

Diagnosis

- Trauma
- Temporal Bone Fracture
 - Otic Capsule sparing
 - Non Otic capsule sparing
- Iatrogenic
 - AJ/OSU
 - Other
- Tumor
 - Neuroma
 - Other
- Bell's Palsy
- Ramsey-Hunt
- Other: _____

Lesion Site

- CPA
- Labyrinthine
- Tympanic
- Mastoid
- Extratemporal

Procedure

- Decompression
 - Simple
 - Total
 - T.L.
 - M.F.
- Anastomosis
 - Primary
 - Re-route
- Graft
 - CPA
 - Tympanic
 - Mastoid
 - Extratemporal
- Substitution
 - 12-7
 - Neuromuscular Transfer
 - Other

Skull Base

Diagnosis

- Meningioma
- Neuroma
- Cholesteatoma
- Glomus Tumor
 - Tympanicum
 - Jugulare
- Other

Procedure

- Tympanotomy
- Tympanomastoid
- Facial Recess
- Extended Facial Recess
- Skull Base
 - Canal Wall Up
 - Canal Wall Down
- Infratemporal Fossa
- Middle Fossa
- Other: _____
- Stretched
- Sectioned

CPA Lesions

Diagnosis

- Schwannoma
- Meningioma
- Cholesteatoma
- Neuroma
- Other: _____

Procedure

- Translab
- Transotic
- Retrosigmoid/Suboccipital
- Middle Fossa
- Other: _____
- Undetermined

Size

IAC _____ x _____ x _____
CPA _____ x _____ x _____

Cochlear Nerve

- Preserved
- Sacrificed

Facial Nerve

- Preserved
 - mA _____
 - mV _____
- Sacrificed
- Transposed
- Intact
- Divided
- Graft : _____
- Other: _____

Tumor Removal

- Total
- Subtotal

Co-surgeon(s)

Cranial Nerves Sacrificed\

Provider Signature: _____ ID#: _____ Date: _____ Military Time: _____