



Medical Record Number

Patient Name

**ORDERS • NEUROLOGY • OUTPATIENT EEG**

Addressograph or Label – Patient Name, Medical Record Number

Physician: Check all orders that pertain to the patient. Date, time & sign all orders.

**EEG Lab Phone Number: (650) 497- 8655**

**EEG Lab Fax Number: (650) 736- 9892**

Referring Physician/NP: \_\_\_\_\_ Pager: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for ordering EEG: (Include brief, relevant history)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last History and Physical: \_\_\_\_\_

Weight: \_\_\_\_\_ kg

Age: \_\_\_\_\_

Current medications or medications recently received:

\_\_\_\_\_  
\_\_\_\_\_

1. Type of EEG ordered: CPT Code
- Awake 95816
  - Sleep 95822
  - Sleep Deprived 95822

2. Special EEGs (Prior approval from EEG lab required):
- Video/EEG 4 hours 95951
  - Video/EEG 8 hours 95951
  - Ambulatory EEG 95953

DATE	TIME	Provider Signature:	Pager:	Noted by:	Date/Time
		<b>PRINT</b> Provider Name:		RN Signature	Date/Time
Orders signed					