



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: _____

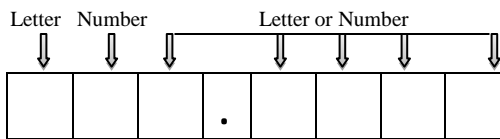
Phone: _____ Fax: _____

E-Mail: _____

Address: _____

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

Diagnosis (Required)
ICD10 (REQUIRED)



Min. 3 & max. 7 characters

Current medications or medications recently received:

1. Type of EEG ordered: CPT Code
 - Awake 95812
 - Sleep 95819
 - Sleep Deprived 95819

2. Long Term EEG Monitoring:
 - Video/EEG 4 hours 95951
 - Video/EEG 8 hours 95951
 - Ambulatory EEG 24 hours 95953
 - With video
 - Without video
 - Ambulatory EEG 48 hours 95953
 - With video
 - Without video

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