



Patient Name:

Date of Birth:

Patient Address:

City:

State:

Zip:

Patient Phone:

Wi-fi in PT home? Y[] N[]

Referring Physician:

Insurance Provider:

Diagnosis Code:

- Routine EEG in-home/in-office
- 2 hour video EEG monitoring in-home/in-office
- 3 Day video EEG monitoring in-home

Date of Follow-up Visit:

Date of Procedure:

Location of Procedure:

Physician Signature:

Patient Information:

*Please make sure your hair is clean and dry for the day of your study.

*Routine EEG we recommend that you be at your appointment 15 minutes prior to appointment.

*We will call to confirm your appointment for all EEGs, and for in home monitoring we will work out a time best for you.

Scan to:
Orders@NeuroTECHonline.com

O: 424-781-7180
C: 424-216-1067
F: 310-300-3608