

Patient Information and Physician Order Sheet

Memorial Neurodiagnostic Services

N2

Patient Name: _____ **Patient DOB:** _____

(Please bring this sheet with you at time of service.)

Appointment Date: _____ **Arrival Time:** _____ **Procedure Time:** _____

Diagnosis (ICD Code Required): _____

Ordering Physician (Signature): _____

(Printed): _____

(Date): _____ (Time): _____

Procedure Scheduled: EEG - W/PREP

Please check appropriate box:

- Electroencephalogram (90 min.)**
- EEG 48 hr. Ambulatory - Initial**
- EEG 48 hr. Ambulatory 24 hr. F/U Visit**
- EEG 48 hr. Ambulatory 48 hr. F/U Visit**
- EEG Video**
- EEG 24 hr. Ambulatory - Initial**
- EEG 24 hr. Ambulatory F/U Visit**

Prep: Wash and dry hair. **No styling products.** No more than 5 hours of sleep the night before procedure. Note: Go to bed 2 hours earlier and get up 2 hours earlier. No caffeine after midnight. Take usual medications.

About your procedure: This is a diagnostic tool used to evaluate seizure disorders, metabolic disorders, stroke, infections of the central nervous system, degenerative disorders, head trauma and brain tumors.

How to find us: Free valet parking is available for patients at the Main Entrance, or you may park in the Bartlett Street Parking Ramp (see map). When you arrive at Memorial, you must register for your procedure in Admitting, located in the Main Entrance area of the hospital to the rear of the Information Desk (see maps). If you have any questions, please ask the Main Entrance Information Desk. If you need assistance regarding scheduling, please call 647-7700.

647-7700

Memorial

Hospital of South Bend*

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