

Routine and Ambulatory EEG Form

**Note to Ordering Physician: Please include a copy of the front and back of insurance cards, patient demographics, clinical notes, and a copy of REEG, if applicable.*

Referring Office MRN: _____

Name:	DOB:	Date:
Street:		Apt. #:
City:	State:	Zip:
Phone: (H)	(W)	(C)

Emergency Contact Name:	Phone:
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Insurance (Please attach a copy of the patient's insurance card.):

Primary Insurance:	ID #:
Secondary Insurance:	ID #:

Duration of EEG Study (Please select appropriate box.):

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Routine EEG | <input type="checkbox"/> 48 hour Portable Video EEG | <input type="checkbox"/> 72 hour Portable Video EEG |
| | <input type="checkbox"/> 96 hour Portable Video EEG | <input type="checkbox"/> 120 hour Portable Video EEG |
| | <input type="checkbox"/> ____ hour Portable Video EEG | |

Indications supporting study ICD-10 (No alternate codes can be accepted. | Pertinent physical and psychiatric findings.):

- | | | | |
|--------------------------|----------------|--|--|
| <input type="checkbox"/> | F44.4 | Conversion disorder with motor symptom or deficit | |
| <input type="checkbox"/> | F44.6 | Conversion disorder with sensory symptom or deficit | |
| <input type="checkbox"/> | G40.101 | Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with simple partial seizures, not intractable, with status epilepticus | |
| <input type="checkbox"/> | G40.109 | Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with simple partial seizures, not intractable, without status epilepticus | |
| <input type="checkbox"/> | G40.111 | Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with simple partial seizures, intractable, with status epilepticus | |
| <input type="checkbox"/> | G40.119 | Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with simple partial seizures, intractable, without status epilepticus | |
| <input type="checkbox"/> | G40.201 | Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with complex partial seizures, not intractable, with status epilepticus | |
| <input type="checkbox"/> | G40.209 | Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with complex partial seizures, not intractable, without status epilepticus | |
| <input type="checkbox"/> | G40.211 | Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with complex partial seizures, intractable, with status epilepticus | |
| <input type="checkbox"/> | G40.219 | Localization-related (focal/partial) symptomatic epilepsy & epileptic syndromes with complex partial seizures, intractable, without status epilepticus | |
| <input type="checkbox"/> | G40.301 | Generalized idiopathic epilepsy & epileptic syndromes, not intractable, with status epilepticus | |
| <input type="checkbox"/> | G40.311 | Generalized idiopathic epilepsy & epileptic syndromes, intractable, with status epilepticus | |
| <input type="checkbox"/> | G40.309 | Generalized idiopathic epilepsy & epileptic syndromes, not intractable, without status epilepticus | |
| <input type="checkbox"/> | G40.401 | Other generalized epilepsy & epileptic syndromes, not intractable, with status epilepticus | |
| <input type="checkbox"/> | G40.409 | Other generalized epilepsy & epileptic syndromes, not intractable, without status epilepticus | |
| <input type="checkbox"/> | G40.411 | Other generalized epilepsy & epileptic syndromes, intractable, with status epilepticus | |
| <input type="checkbox"/> | G40.419 | Other generalized epilepsy & epileptic syndromes, intractable, without status epilepticus | |
| <input type="checkbox"/> | G40.501 | Epileptic seizures related to external causes, not intractable, with status epilepticus | |
| <input type="checkbox"/> | G40.509 | Epileptic seizures related to external causes, not intractable, without status epilepticus | |
| <input type="checkbox"/> | G40.802 | Other epilepsy, not intractable, without status epilepticus | <input type="checkbox"/> G40.A09 Absence epileptic syndrome, not intractable, without status epilepticus |
| <input type="checkbox"/> | G40.804 | Other epilepsy, intractable, without status epilepticus | <input type="checkbox"/> G40.A11 Absence epileptic syndrome, intractable, with status epilepticus |
| <input type="checkbox"/> | G40.901 | Epilepsy, unspecified, not intractable, with status epilepticus | <input type="checkbox"/> G40.A19 Absence epileptic syndrome, intractable, without status epilepticus |
| <input type="checkbox"/> | G40.909 | Epilepsy, unspecified, not intractable, without status epilepticus | <input type="checkbox"/> I45.9 Conduction disorder, unspecified |
| <input type="checkbox"/> | G40.911 | Epilepsy, unspecified, intractable, with status epilepticus | <input type="checkbox"/> R55 Syncope & collapse (<i>Select an additional diagnosis, if applicable. No Aetna.</i>) |
| <input type="checkbox"/> | G40.919 | Epilepsy, unspecified, intractable, without status epilepticus | <input type="checkbox"/> R56.1 Post traumatic seizures |
| <input type="checkbox"/> | G40.A01 | Absence epileptic syndrome, not intractable, with status epilepticus | <input type="checkbox"/> R56.9 Unspecified convulsions |

Prior EEG: (Y) (N) (ABN) (NL)	When:	Where:
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Practice Name:		
Referring Physician:	Physician Signature:	Date:
Address:		
Phone:	Fax:	

PHYSICIAN STATEMENT: I certify that I am referring the above named patient for routine electroencephalographic (EEG) monitoring, and/or long-term EEG monitoring as indicated on this form, and to the best of my knowledge, this test is medically necessary in order to diagnose the patient. I understand that the diagnostic testing provider will not provide a diagnosis nor will they recommend any therapeutic treatment for this patient.