

## Video Ambulatory EEG Order Form

### PATIENT DEMOGRAPHICS:

Patient Name: _____	DOB: _____	Phone #: _____
Address: _____	City: _____	State: _____ Zip: _____
Primary Insurance: _____	ID: _____	Group: _____
Secondary Insurance: _____	ID: _____	Group: _____

### ICD-10 CODE(s) / DIAGNOSIS CODE(s):

<input type="checkbox"/> <b>F44.4 - Conversion disorder w/seizures</b> <b>F44.7</b> _____ (specify code)	<input type="checkbox"/> <b>R55 Syncope</b>
<input type="checkbox"/> <b>R40.4 Transient alteration of awareness</b>	<input type="checkbox"/> <b>R56.1 Post traumatic seizures</b>
<input type="checkbox"/> <b>R41.82 Altered mental status</b>	<input type="checkbox"/> <b>R56.9 Convulsions</b>
<input type="checkbox"/> <b>G40.001 - Epilepsy and recurrent seizures</b> <b>G40.919</b> _____ (specify code)	<input type="checkbox"/> <b>R94.01 Abnormal EEG</b>
<input type="checkbox"/> <b>G40.A01 - Absence and juvenile myoclonic epilepsies</b> <b>G40.B19</b> _____ (specify code)	<input type="checkbox"/> <b>R25.0 – Abnormal involuntary movements</b> <b>R25.9</b> _____ (specify code)
	Other ICD(s): _____
	Medications: _____

### PREVIOUS ROUTINE EEG WITHIN 90 DAYS:

<input type="checkbox"/> <b>Yes</b> (if yes, date of service _____). (Please provide a copy of Routine EEG results with this referral)
<input type="checkbox"/> <b>No</b>

### PROCEDURE ORDERED:

Routine EEG: <input type="checkbox"/>
<b>Video Ambulatory EEG with Intermittent Monitoring Duration:</b> <input type="checkbox"/> <b>72hr</b> <input type="checkbox"/> <b>96hr</b> <input type="checkbox"/> <b>120hr</b> <input type="checkbox"/> <b>Other</b> _____

### REFERRING PROVIDER INFORMATION:

Ordering Provider: _____	Phone: _____	Fax: _____
Office Address: _____	City: _____	State: _____ Zip: _____
Office Contact Name: _____	Office Contact Phone: _____	
Physician Signature: _____	Date: _____	

**PLEASE PROVIDE A COPY OF CLINICAL NOTES, DEMOGRAPHICS, AND ACTIVE INSURANCE CARDS FRONT AND BACK**

**Fax: 602-798-8296**

**Email: [Scheduling@hpndx.com](mailto:Scheduling@hpndx.com)**