



DT18123

2-Hole 1/4 2 3/4 c-to-c

Children's Healthcare of Atlanta
EEG ORDER
Central Scheduling Office
404.785.2046 Phone
404.785.2204 Fax

Name _____

Date of Birth _____

MRN# _____

Account/HAR# _____

PATIENT IDENTIFICATION



Children's
Healthcare of Atlanta

EEG ORDER
Location: EG Forsyth SR
www.choa.org/ceegorder

Please print clearly

Child's name: _____ Date of Birth: _____ Female Male

Parent/Guardian's name: _____

Address: _____

Home Phone: _____ Cell phone: _____

Email Address: _____

Ordering Physician: _____ Physician Phone/ backline: _____ Fax: _____

Office Contact Person: _____ Phone: _____

Primary Care Physician (if not the ordering physician): _____

Will this patient need interpreting services? Yes No If yes, what language? _____

Other medical problems: Down syndrome ADHD Autism Mental Retardation Developmentally Delayed
 Prematurely, if yes current gestational age: _____

Reason for study: _____
List signs/symptoms, do not use "rule out", "probable", "suspected", etc.

Allergy: _____ Weight: _____

Insurance Information

Card holder name: _____ Card holder Date of Birth _____

Employer: _____

Plan name: _____ Precert number (if required): _____

Insurance card number: _____ Group number: _____

2nd Insurance: _____

Insurance phone #: _____ Diagnosis code/ description: _____

*It is the responsibility of the ordering physician's office to obtain all precerts/ authorizations. It must be faxed to our office 1 week prior to appointment
The interpretation fee is billed separately from the hospital technical fee. Please include in pre-certification.*

Test(s) Requested:

- EEG (Electroencephalogram) CPT 95819 ERG (Electroretinogram) CPT 92275
- Ambulatory EEG CPT 95953 24 hr 48 hr Instill eye drops during ERG as follows, per neurophysiology policy 2-12 _____
 - Pupils are numbed with proparacaine hydrochloride 0.5% 1 drop in each eye.
 - Repeat every 15 minutes until testing is complete
 - Pupils are dilated with phenylephrine hydrochloride 2.5% 1-2 drops in each eye.
 - Patient dark adapted for 20 minutes.
 - Place one drop of hypromellose 2.5% on the corneal electrode. Place the corneal electrode on the cornea of the eye.
- Date of Last EEG _____
- Pyridoxine B6 Injection CPT 90772
- Dense Array w/Spike Detection 95951 & 95957
- EMG (Electromyogram) CPT 95860-75

Patient Instructions For EEG (Please review with parents):

1. Your child needs to sleep during part of the test. Children over 24 months should be kept awake at least 2 hours later than their normal bedtime the night before the test and awakened 2 hours earlier the day of the test. Do not allow your child to nap the day of the test. We do not sedate for this test. Study typically takes 1 to 1 1/2 hours.
2. The patient must have clean hair, no oils, gels or lotions.
3. No refined/processed sugars or caffeine for 24 hours before exam (natural sugars are acceptable).
4. Patients must arrive 15 minutes prior to appointment to register in the Registration/Admissions Dept. - 1st floor. If the patient is 15 minutes late prior to appointment time, patient will be cancelled.

Preference for physician for EMG study:

- Children's Pediatric Neurology Practice
- Children's Rehabilitation Associates at Children's Healthcare of Atlanta

Ordering Physician Signature: _____ Date: _____

Fax this form and history/clinical notes to: 404-785-2204
CPT Codes as of 2013. Visit www.choa.org/neurosciences