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

DT18123

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

Children's Healthcare of Atlanta
at Scottish Rite
Neurophysiology Dept.
1001 Johnson Ferry Road NE, Atlanta, GA 30342
404.785.2046 (Phone) -- 404.785.2204 (Fax)
www.choa.org/eegorder

Children's
Healthcare of Atlanta

EEG ORDER

Location: ☐ Forsyth ☐ SR

* Name _____

* Date of Birth-DOB _____

* MRN# _____

* Account/HAR# _____

PATIENT IDENTIFICATION

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: _____ 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

☐ Ambulatory EEG CPT 95953
Date of Last EEG _____

☐ Botox Injection CPT 67345, 64612/3/4

☐ Pyridoxine B6 Injection CPT 90772

☐ Dense Array w/Spike Detection 95951 & 95957

☐ EMG (Electromyogram) CPT 95860-75

☐ ERG (Electroretinogram) CPT 92275

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.

Patient Instructions (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 ½ 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 interpretation of the study:

☐ Atlanta Family Neurology/Atlanta Child Neurology (AFN/ACN) - Gerald Silverboard, MD Stephanie Keller, MD
☐ Child Neurology Associates, PC (CNA) - Robert Flamini, MD Raymond Cheng, MD Bryan Philbrook, MD
☐ No preference

Preference for physician for EMG study:

☐ Child Neurology Associates, PC (CNA) - Edward Goldstein, MD Frank Berenson, MD
☐ Children's Rehabilitation Associates at Children's Healthcare of Atlanta - Maurice Sholas, MD Joshua Vova, MD

Ordering Physician Signature: _____ **Date:** _____

Fax this form and history/clinical notes to: 404-785-2204

CPT Codes as of 2011. Visit www.choa.org/neurosciences