## **Legacy Neurodiagnostic Services**

## **Physician Referral Form**

Call: 503-413-7265 or 360-487-3473



Fax:	503-41	3-6272	or	360-48	7-1039

Select Location					
O Legacy Emanuel Medical Center	O Legacy Mount Hood Medical Center				
O Legacy Good Samaritan Medical Center	O Legacy Salmon Creek Medical Center				
O Legacy Meridian Park Medical Center	O Randall Children's Hospital at Legacy Emanuel				
Patient Information					
Name	O Male O Female				
Phone	Date of birth				
Address	Language: O English O Other				
Indication for EEG (include brief relevant history):	Current medications:				
Insurance Information					
Diagnosis code and description	Preauthorization #				
Insurance name					
Member ID					
Subscriber name Membe	r DOB Relation to patient				
Please choose one of the following					
EEG Services	Evoked Potentials				
O Standard EEG	Available at Emanuel and Good Samaritan only				
O Sleep-Deprived EEG O Neonatal EEG (<2 months old)	O Visual Evoked Potentials (VEP/VER) O Brain Stem Auditory Evoked Potentials (BAER/ABR)				
O Sleep-Induced/Sedated EEG	O Upper Extremity Somatosensory Evoked Potentials (SSEP)				
O Ambulatory EEG for O 24 hrs O 48 hrs O 72 hrs	O Lower Extremity Somatosensory Evoked Potentials (SSEP)				
(Good Samaritan only)	2 Lower Extremity somutosensory Evoked Fotentials (33EF)				
O Continuous Video EEG (EMU Admission)					
(available at Good Samaritan, Salmon Creek and RCH only)					
Special Instructions					
(e.g., sedation, duration, etc.)					
<ul> <li>Patient will call EEG to schedule</li> </ul>	<ul> <li>EEG will call patient to schedule</li> </ul>				
NOTE TO PATIENT:					
Please arrive at the hospital 15 minutes early for outpatient registration. Please bring your insurance card. If you need to					
reschedule or cancel your appointment, please call 24 hours ir	n advance.				
Referring physician	Clinic name				

Physician signature \_\_\_\_\_ Date \_\_\_\_