

# Legacy Neurodiagnostic Services

## Physician Referral Form



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

Fax: 503-413-6272 or 360-487-1039

### Select Location

- Legacy Emanuel Medical Center
- Legacy Good Samaritan Medical Center
- Legacy Meridian Park Medical Center
- Legacy Mount Hood Medical Center
- Legacy Salmon Creek Medical Center
- Randall Children's Hospital at Legacy Emanuel

### Patient Information

Name \_\_\_\_\_  Male  Female

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Language:  English  Other \_\_\_\_\_

Indication for EEG (include brief relevant history): \_\_\_\_\_ Current medications: \_\_\_\_\_

\_\_\_\_\_

### Insurance Information

Diagnosis code and description \_\_\_\_\_ Preauthorization # \_\_\_\_\_

Insurance name \_\_\_\_\_

Member ID \_\_\_\_\_ Group ID \_\_\_\_\_

Subscriber name \_\_\_\_\_ Member DOB \_\_\_\_\_ Relation to patient \_\_\_\_\_

### Please choose one of the following

#### EEG Services

- Standard EEG
- Sleep-Deprived EEG
- Neonatal EEG (<2 months old)
- Sleep-Induced/Sedated EEG
- Ambulatory EEG for  24 hrs  48 hrs  72 hrs
- Continuous Video EEG (EMU Admission)  
(available at Good Samaritan and RCH only)

#### Evoked Potentials

- Available for adults at Emanuel and Good Samaritan only
- Visual Evoked Potentials (VEP/VER)
  - Upper Extremity Somatosensory Evoked Potentials (SSEP)
  - Lower Extremity Somatosensory Evoked Potentials (SSEP)

### Special Instructions

(e.g., sedation, duration, etc.) \_\_\_\_\_

Patient will call EEG to schedule

EEG will call patient to schedule

### 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 in advance.

Referring physician \_\_\_\_\_ Clinic name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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