

Outpatient EEG Order Form

Children's Hospital Colorado – Aurora

13123 E 16th Ave Aurora, CO 80045 – Scheduling: 720-777-4513

Children's Hospital Colorado – Co. Springs

4090 Briargate Pkwy Co. Springs, CO 80920 – Scheduling: 719-305-9022

Routine Outpatient Electroencephalogram (EEG)

- This procedure is performed in the EEG lab with 20-40 minutes of recording.

Indication for Routine Outpatient EEG: _____

Please answer the following questions by circling YES or NO:

- | | | |
|---|-----|----|
| • Does the patient have infantile spasms? | Yes | No |
| • Does the patient have a history of cardiac issues? | Yes | No |
| • Does the patient have a history of daily seizures with apnea? | Yes | No |
| • Is the patient on oxygen or a ventilator? | Yes | No |
| • Does the patient need a same day follow-up with Neurology? | Yes | No |

Diagnosis Code(s): _____

Patient's Name: _____ DOB: _____

Parent/Guardian's Name: _____ Phone: _____

Ordering Provider's Name: _____ Phone: _____

Send completed order form to the direct fax number below along with a demographic sheet and a referral to Neurology if necessary:

Fax: 720-777-7201

Please keep a copy of this form for future use.