

Name: \_\_\_\_\_ DOB (dd/mm/yyyy) \_\_\_\_\_

Address: \_\_\_\_\_ Sex: M ☐ F ☐

\_\_\_\_\_ Health Card # & VC \_\_\_\_\_

Telephone (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

Patient Label

**Please check off which test below:**

☐ Routine ☐ In-Patient Hospital Name Floor ext. Number: \_\_\_\_\_

☐ Sleep-deprived (SD)

☐ \*Ambulatory EEG ( 24 to 96 hours continuous EEG): Please attach the Consent form from  
<https://www.neuro-diagnostics.ca/patient-area>

☐ Longer Recording (Please circle how long)      60 Min      120 Min      180 Min

Brief Clinical Info. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Billing #: \_\_\_\_\_  
(Please Print)      Fax # : \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Report Copies To: \_\_\_\_\_  
(Please Print | )

10594 Yonge St, **Richmond Hill (Richmond Hill Medical Mall)**  
170 Colborne St W, **Orillia ( Orillia Soldiers' Memorial Hospital)**  
459 George Street N **Peterborough ( Be Well Centre)**  
3030 Lawrence Ave East Unit 208, **Toronto ( SHN-General site)**  
2863 Ellesmere Road, Unit 406, **Scarborough ( SHN-Centenary site)**  
52 Cannon Street Unit 103, **Hamilton (Hamilton Medical Centre)**  
300 Rossland Road E, Unit 301, **Ajax**  
61 Dover Street, **Chatham**  
965 Bovaird Dr W, Unit 19, **Brampton ( Bovaird Pediatrics Clinic)**

