



# EEG Requisition

We Accept Patients 6 years and Older

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

Address: \_\_\_\_\_ Sex: M  F   
\_\_\_\_\_ Health Card # & VC \_\_\_\_\_

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



**Please check off which test below:**

- Routine
- Sleep-Deprived (SD)
- Ambulatory EEG ( 24 to 96 hours continuous EEG)
- Longer Recording (Please circle how long)    60 Min            120 Min            180 Min

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

Medication \_\_\_\_\_  
\_\_\_\_\_

See Attached Medication List

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

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

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

### Locations

- 300 Rossland Road E Suite 301, **Ajax**
- 3030 Lawrence Ave East Unit 208, **Toronto**
- 2863 Ellesmere Road, Unit 406, **Scarborough**
- 459 George Street Unit 210, **Peterborough**
- 7368 Yonge Street Unit 313, **Vaughan**
- 550 Fennel Ave East Unit 208, **Hamilton**
- 119 Memorial Ave, Unit 201, **Orillia**

