



EEG/Neurodiagnostic Outpatient Order Form -- SAHS-2152

Boise: 1055 N. Curtis Road • Boise, ID 83706
Nampa: 4300 E Flamingo Ave, Nampa, ID 83687
Ontario: 351 SW 9th St, Ontario, OR 97914

Centralized Scheduling:
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Nampa Sleep Disorder Center:
Nampa: (208) 205-0380 Fax: (208) 205-0389

Patient Name		DOB	<input type="checkbox"/> M <input type="checkbox"/> F	Patient Phone
Insurance Provider		Diagnosis, Sign or Symptom (Narrative Required):		
Preauthorization Number(s) per procedure				
Exam Date / /	Exam Time am/pm	CC:		
<input type="checkbox"/> Call patient to schedule exam		Schedule by (date)		
Contact Person at Office		Office Fax	Office Phone	

Provider Name	Provider Signature	Date/Time
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Common exams are listed below. Fill in appropriate indications.

EXAM	INDICATIONS and ICD-10 code
<input type="checkbox"/> EEG Routine (Awake and Drowsy)	
<input type="checkbox"/> EEG Awake/Asleep	
<input type="checkbox"/> Pediatric	
<input type="checkbox"/> 16 ch 24 hr ambulatory	
<input type="checkbox"/> 16 ch 48 hr ambulatory	
<input type="checkbox"/> 16 ch 72 hr ambulatory	
<input type="checkbox"/> Clinical Evoked potentials – Visual – VEP or VER	
<input type="checkbox"/> Clinical Evoked potentials – Auditory – ABR or BAER	
<input type="checkbox"/> Clinical Evoked potentials – Somatosensory upper extremities – UE SSEP	
<input type="checkbox"/> Clinical Evoked potentials – Somatosensory lower extremities – LE SSEP	
<input type="checkbox"/>	

ADDITIONAL COMMENTS/SPECIAL CONSIDERATIONS (fall risk, accompanying adult, High Acuity, etc.)

For additional information, please call (208) 367-6197.

For more forms, call 367-8787

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