

**NAME:** \_\_\_\_\_

**DATE OF APPOINTMENT:** \_\_\_\_\_

**TIME OF APPOINTMENT:** \_\_\_\_\_

### **EEG**

EEG (Electroencephalogram) helps evaluate a patient for seizure activity, slow brain activity that might be suggestive of memory difficulties other medical problems. It is used to evaluate dizzy spells, blackouts, and vertigo. This study is conducted by pasting small electrodes onto various parts of the scalp. The patient then sits in a recliner while a recording is made. No needles are involved.

#### **FOR THIS TEST:**

1. PLEASE AVOID CAFFEINE AND NON-PRESCRIPTION STIMULANT MEDICATIONS FOR TWELVE HOURS PRIOR TO THE TEST.
2. YOU CAN EAT YOUR REGULAR MEALS EXCEPT FOR CAFFEINE.
3. MEDICATIONS ARE NOT TO BE HELD UNLESS SPECIFIC INSTRUCTIONS ARE GIVEN TO YOU BY THE PHYSICIAN OR NURSE.
4. YOUR HAIR AND SCALP SHOULD BE CLEAN WITH NO HAIRSPRAY, LOTION OR OINTMENT ON THE HAIR.
5. IN SOME CASES WE ASK YOU TO COME TO THE OFFICE UNUSUALLY TIRED FOR THE TEST BUT YOU WILL BE GIVEN INDIVIDUAL INSTRUCTIONS IF IT IS NECESSARY FOR YOU TO DO SO.

**POLICY FOR CANCELLATIONS: IF IT NECESSARY FOR YOU TO CANCEL YOUR TESTING, please do so at least one full weekday before your appointment. Otherwise because of technician and equipment time involved, it will be necessary to bill a charge of \$80.00.**