NORTHUMBERLAND HILLS HOSPITAL

* N 6 8 4 *

Please fax all EEG requisitions to

(905) 373-6972

EEG Requisition

PH: (905) 372-6811 ext. 3050
Fax (905) 373-6972

Place Patient Identification Label Here

Please indicate √ Examination Requested:

EEG Requests

☐ Routine EEG

☐ Sleep Deprived EEG

Reason for Referral (required): _____

_____

_____

_____

_____

_____

Duration of Symptoms (required): _____

_____

Patient Instructions / Preparation

For all EEG Testing

- Wash and dry hair
- Please do not use hair conditioner, spray, oils, or gels.
- Hair braids and/or extension may need to be removed.

For Sleep Deprived EEG Testing

- Stay awake all night prior to EEG test.
- No beverages containing caffeine.
- Arrange driver to and from appointment.

Last Name: _____

First Name: _____

Address: _____

City: _____ Postal Code _____

Phone: (_____) _____-_____ D.O.B: _____

Health Card #:

☐☐☐☐ ☐☐☐ ☐☐☐ ☐☐

WSIB Claim #: _____ _____ (HC version code)

NHH will contact patient directly with an appointment.

☐ Speak to Patient only ☐ Patient's consent to leave message.

☐ Contact POA or other _____

Contact's Name: _____ Tele#: _____

Ordering Physician/Practitioner Data

Name:

OHIP Billing #:

CPSO #:

_____

Ordering Physician's/Practitioner's Signature

Copies To:
(Include Address)

Northumberland Hills Hospital is fragrance free. Perfume, after shaves or colognes, strongly scented soaps or deodorant are not permitted due to potential allergic reactions by both patients and staff.

Form: 684 (Nov/2022)