UNITED DIAGNOSTICS
SLEEP STUDIES • VEEG • DME

VIDEO AMBULATORY EEG EXPRESS ORDER FORM

Fax: 1-888-539-3001

Corporate Office
50 Rose Place
Garden City Park, NY11040
Phone : 866.711-1299
www.uniteddx.com

NEW YORK	BROOKLYN	NASSAU	SUFFOLK	TARRYTOWN
❑Manhattan	❑Bay Ridge	❑Garden City ❑Great Neck	❑Commack ❑Shirley	❑ Tarrytown

Patient Name _____

Patient Address _____

_____

Cell Phone _____

Home Phone _____

❑ *Male* ❑ *Female* *Date of Birth* _____ / _____ / _____

Insurance _____ *ID #* _____

PLEASE PROVIDE US WITH A COPY OF THE FRONT & BACK OF INSURANCE CARD, PATIENT DEMOGRAPHICS & CLINICAL NOTES

*Referring Physician*_____

Address _____

_____

Phone # _____

Fax # _____

NPI # _____

REFERRING PHYSICIAN STATEMENT

I certify that I am referring the above named patient to United Diagnostics for long term neurophysiological monitoring using the Home Monitoring system. I certify to the best of my knowledge this test and any interpretation is medically necessary in order to diagnose this patient. I understand that this test and any interpretation provided are intended only to supplement my diagnosis of this patient's condition.

_____

PHYSICIAN SIGNATURE DATE

Special Note:

As per insurance requirements, a REEG must have been performed within the last 12 months to qualify for the VEEG.

❑ ***REEG***

❑ ***Long Term Video Ambulatory EEG with Intermittent Monitoring***

Length of Monitoring Requested (Check one)

❑ ***96 hrs*** ❑ ***72 hrs*** ❑ ***48 hrs*** ❑ ***24hrs***

CLINICAL HISTORY Check all that apply

❑ *General Nonconvulsive Epilepsy*	***G40.A01***
❑ *Partial Epilepsy with Impairment*	***G40.201***
❑ *Convulsion*	***R56.9***
❑ *Syncope*	***R55***
❑ *General Convulsive Epilepsy*	***G40.309***
❑ *Partial Epilepsy w/o impairment*	***G40.001***
❑ *Vertigo*	***R42***
❑ *Transient Ischemic Attack*	***435.30***

Primary Diagnosis_____

Secondary Diagnosis _____

Etiology_____ ***ICD10*** _____

Prior Patient EEG History*

❑ *REEG* ❑ *SDEEG* ❑ *A-EEG* ❑ *EMU*

****Please provide a copy of the results if performed within the last 12 months***