

Long Term EEG Summary Report

Patient: _____ DOB: _____ Gender: _____

Start Date: _____ End Date: _____

Total EEG Recorded: _____

Total Video Recorded: _____

Physician: _____

Test Ordered: _____ HR Video EEG _____ HR Amb EEG

Test Completed: _____ HR Video EEG _____ HR Amb EEG

<u>CPT Code</u>	<u>Procedure</u>	<u>Dates of Service</u>	<u>Units</u>
95951	Video EEG	_____	_____
95956	Long Term EEG	_____	_____
95957	Digital Analysis	_____	_____
93268	ECG Monitoring	_____	_____

Notes:

AMBULATORY EEG PATIENT INSTRUCTIONS

The Cadwell Recording Unit is intended to provide your physician with an EEG/EKG recording to help diagnose your symptoms.

Patient Log Sheet instructions: Keep a record and log your activities on the Patient Log Sheet provided.

Recording an Event on Log Sheet

A Push Button may be attached on the Recording Unit. It is to be pushed only when you experience your symptoms/spells/events. After the event is over, log the approximate time the button was pushed and describe your symptoms on the Log Sheet provided.

Log all events.

Changing Batteries

The Recording unit uses two "D" alkaline batteries, and must be replaced every 36 hours. Please replace the batteries supplied according to the time and days indicated below.

Battery Changes: _____

If the green light does not blink intermittently within 30 minutes after changing batteries, please call the DFW Neurology.

The light is located within an oval window on the edge of the machine where the wires are plugged in. Please look for the light in a darkened room or closet for several seconds as it is difficult to see.

Precautions

If any electrodes, wires or cables break or become loose or disconnected please call DFW Neurology.

Do not shower, bathe, or wash your hair. Keep the equipment dry at all times.

*Do not chew gum.

Avoid close contact with an open flame, such as a lit cigarette, gas stove or oven while the electrodes are in place. The glue used during the application process can be flammable.

Avoid pulling on the cables that connect electrodes to the Recording Unit. Do not remove the Recording Unit from carrying pouch except for changing batteries.

Do not touch the electrodes. The electrodes will sometimes itch after they have been on for a few days. Please do not scratch the electrode sites.

Never leave small children unattended. With small children place the cord from the electrodes down the collar of their clothes to avoid entanglement while sleeping.

Discontinuing your EEG please follow these steps:

- 1) Remove the batteries and discard
- 2) Soak each gauze patch liberally with acetone and/or coconut oil and remove gauze and electrodes one-by-one.
- 3) Place wires, machine and camera (including all cables) in the backpack with your patient log sheets.

You may disconnect the study on _____ at _____ AM/PM

ACKNOWLEDGMENTS

Risks

Long Term EEG monitoring is a noninvasive procedure. However, rashes, abrasions, skin breakdown, bleeding, loss of hair, and infection may occur. I acknowledge these risks and authorize DFW Neurology, PLLC to perform the Ambulatory EEG as prescribed by my physician.

Video Monitoring

I give DFW Neurology, PLLC and my prescribing physician as listed on the HIPAA authorization, permission to record video and audio during the duration of testing. Video will only be used to aid in diagnosis of my condition and is covered by applicable HIPAA confidentiality statutes. I understand that I must make all reasonable effort to refrain from any behavior that would be considered inappropriate in a public forum including, but not limited to sexual activity and frank nudity. I will make all reasonable effort to exclude all children from appearing on video. I hold harmless DFW Neurology, PLLC, its assignees and business associates from any liability arising from recording of such video.

Print Patient Name _____ Date of Birth _____

Signature of Patient _____ Date _____

Relationship (if other than patient) _____

AUTHORIZATION TO RELEASE INFORMATION (HIPAA)

I hereby authorize Endeavor Diagnostics, LLC to release any medical information pertaining to my diagnosis and treatment. Any information concerning diseases such as Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), mental health and chemical dependency shall be released. This authorization for medical information is valid for 180 days from the date indicated on this form unless stated otherwise. The aforementioned medical information shall be released to the following:

Interpreting / Ordering Physician / Business Associate _____

Information to be released:

Medical records pertaining to Long Term Ambulatory Electroencephalographic and Video Monitoring

Reason or purpose of the release:

To assist physician in the diagnosis of disorders captured by Long Term Electroencephalographic and Video Monitoring

Signature of Patient _____ Date _____

Relationship (if other than patient) _____

ACKNOWLEDGMENT OF SETUP, RESPONSIBILITIES AND INSTRUCTION

The setup procedure for EEG monitoring has been completed. I will exercise caution while using the EEG equipment and will follow all safety precautions. I will make every attempt to protect the equipment from harm and understand that I may be held responsible by any damage or loss of the equipment due to negligence. I have received adequate instruction regarding the use and responsibilities regarding the procedure.

I have received a written instruction sheet and contact information for Endeavor Diagnostics, LLC. I feel I have been adequately instructed and have no further questions at this time.

Signature of Patient _____ Date _____

Relationship (if other than patient) _____

