

Electroencephalogram (EEG)



8335.03.16217.00 Sunset Date: 7/2024

Electroencephalogram (EEG) Referral
Page 1 of 2

Place Patient Label
Inside This Box

Patient Name: _____ Sex: _____ Age: _____ Date of Birth: ____/____/____

Address: _____ City: _____

State: _____ ZIP: _____

Phone: (____) _____

Referral for:

- Routine EEG with video (95816) Sleep Deprived EEG with video (95819)

Ambulatory Home EEG without Video (95957):

- 24 hour 48 hour 72 hour

Long Term Monitoring EEG with Video:

- 12 hour-95712 24 hour-95715 48 hour-95715(2x) 72 hour-95715(3x)

Suspected Disorders (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Suspected seizures | <input type="checkbox"/> Ongoing seizure activity |
| <input type="checkbox"/> Altered mental status | <input type="checkbox"/> Screening- neurological | <input type="checkbox"/> ADD |
| <input type="checkbox"/> Aphasia | <input type="checkbox"/> Confusion | <input type="checkbox"/> Cognitive Impairments |
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Syncope | <input type="checkbox"/> Psychiatric: behavior changes, psychosis |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Alzheimer's disease | <input type="checkbox"/> Amnesia |
| <input type="checkbox"/> Ataxia | <input type="checkbox"/> Parkinson's disease | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Proximal Disorders | <input type="checkbox"/> Lewy Body | <input type="checkbox"/> Lesion |

ICD-10 code: _____

Additional clinical information: _____



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Referring Provider's Information:

Patient Name: _____ NPI: _____

Phone: (____) _____ Fax: (____) _____

Provider's Signature: _____ Date: ____/____/____

For assistance with pre-certification/authorization, please include the following:

- 1.) Latest H&P/consultation notes and up-to-date medication list
- 2.) Most recent face-to-face office notes discussing the sleep study
- 3.) Patient demographics, including insurance information
- 4.) Front and back copy of insurance cards

Fax referral, notes, demographics and insurance information:

(910) 235-7989

Call to Schedule:

(910) 715-1262

Select Location:

- Moore Regional Hospital • 155 Memorial Drive • Pinehurst, NC 28374
- Moore Regional Hospital - Richmond • 925 Long Drive • Rockingham, NC 28379
- Montgomery Memorial Hospital • 520 Allen Street • Troy, NC 27371



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