

Plano Neurology, P.A.

4601 Old Shepard Place
Building 4, Suite 406
TEL: 972-867-3535 FAX: 972-867-3530

Geeta Rajan, MD

EEG REQUEST FORM

Patient Name: _____ Patient Phone Number: _____

Brief history and findings:

Dx: _____

Medications the patient is on: _____

Study requested: Routine EEG Sleep deprived EEG Ambulatory EEG (24
hour / 48 hour / 72 hour) 1 hour EEG

Additional Comments: _____

Referred by: _____

Tel No: _____

Please fax this form to Plano Neurology, PA 972-867-3530. Thank you for your referral.