



# Neurodiagnostics Outpatient Order Form

## Lake Forest Hospital

Neurodiagnostics  
660 N. Westmoreland Road  
Lake Forest, Illinois 60045-1696

NEURODIAGNOSTICS: (847) 535-6114 TEL  
(847) 535-7859 FAX  
lfh.org

SCHEDULING: (847) 535-8000 TEL  
(847) 535-8001 FAX

Thank you for referring your patient for Neurodiagnostic services at Lake Forest Hospital. Appointments for service should be made by calling Central Scheduling at (847) 535-8000, or faxing orders to (847) 535-8001.

**EEG Patients:** Patients should enter the hospital Main Entrance to the Registration Department **20 minutes** before their appointment. Registration Department hours are 6:00 a.m.–6:00 p.m. (Monday–Friday) and 6:30 a.m.–2:30 p.m. (Saturday). Please bring your insurance card(s) and a referral from your physician if required by your insurance provider.

**EMG Patients:** Patients should arrive in the Neurodiagnostic Department (800 Building, Lower Level #30) **15 minutes** before their appointment. Please bring your insurance card(s) and a referral from your physician if required by your insurance provider.

For questions or any further information, please call Neurodiagnostics at (847) 535-6114.

**In order to provide the best possible services to you and your patients, we request the following information. Please complete all fields to expedite your request.**

### PATIENT INFORMATION

_____	
Last Name	First Name
_____	
Date of Birth	
_____	
Home Phone Number	Work/Cell Phone Number
_____	_____

### PHYSICIAN INFORMATION

_____		
Referring Practitioner Last Name	First Name	
_____		
NPI #	Practitioner's Fax Number	
_____	_____	
Practitioner Office Address (for test results)		
_____		
City	State	Zip
_____	_____	_____
Practitioner's Signature	Date	
_____	_____	

### SIGNS & SYMPTOMS / DIAGNOSIS / ICD-9

When ordering multiple tests on the same order form, please indicate a sign, symptom, diagnosis or ICD-9 for each test/treatment. Do not include a "rule-out" diagnosis.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### RELEVANT MEDICAL HISTORY

- Seizures \_\_\_\_\_
- Seizures \_\_\_\_\_
- "Spells" \_\_\_\_\_
- Headaches \_\_\_\_\_
- Stroke \_\_\_\_\_
- Head injury \_\_\_\_\_
- Other injury: \_\_\_\_\_  
\_\_\_\_\_
- Repetitive motion/  
carpal tunnel \_\_\_\_\_
- Pain: \_\_\_\_\_  
\_\_\_\_\_
- Numbness \_\_\_\_\_
- Weakness \_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_

### EMG ORDERS TEST NAME

- EMG/NCV \_\_\_\_\_
- Location \_\_\_\_\_
- Face \_\_\_\_\_
- Upper Extremity  
R L B \_\_\_\_\_
- Lower Extremity  
R L B \_\_\_\_\_

### EEG ORDERS

- Routine EEG \_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_