



Neurodiagnostics Outpatient Order Form

Lake Forest Hospital

660 N. Westmoreland Road
Lake Forest, Illinois 60045-1696
(847) 234-5600

For EEG Patients: Appointments for service should be made by calling Central Scheduling at (847) 535-8000.

If you have not received a call from Pre-Registration, patients should arrive in the Registration Department inside the Main Entrance **30 minutes before** their appointment. Registration Department hours are 6:00 a.m.–6:00 p.m. (Mon–Fri). At all other times, patients should register in the Emergency Department. Please bring your insurance card(s) and a referral from your physician (if required by your insurance plan.)

(847) 535-8025 phone (847) 535-7859 fax

For EMG Patients: Appointments for service should be made by calling Central Scheduling at (847) 535-8000. If you have not received a call from Pre-Registration, patients should arrive in the department **15 minutes before** their appointment (800 Building, Lower Level #30). Please bring your insurance card(s), and a referral from your physician (if required by your insurance plan.)

(847) 535-6114 phone (847) 535-7809 fax

PATIENT INFORMATION (Please note that all bold portions of the form are needed for the order to be complete.)

Last Name	First	Today's Date
Social Security Number	Date of Birth	Email Address
Ordering / Referring Physician		
Physician's Phone Number	Fax Number	
Scheduled Exam Date		

EMG ORDERS TEST NAME

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

EEG ORDERS

- Routine EEG
- Other:** _____
- _____
- _____

INSURANCE INFORMATION Medicare Other:

Signs or Symptoms/Diagnosis Please provide this information prior to rendering the service. When ordering multiple tests on the same order form, please indicate a sign or symptom for each test/treatment:

ICD-9 Code

Relevant Medical History / Comments

Physician's Signature