



**EEG TO GO**  
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Irvine, CA. 92604  
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Contact: [Brad@eegtogo.com](mailto:Brad@eegtogo.com)  
310-666-7484

Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent or Care Giver's name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Medications (please list all) \_\_\_\_\_

Indication for study \_\_\_\_\_

Check any or all that apply:

Epilepsy Dx       Recent Seizure       Head Injury       Headaches

Developmental Delays       Autism Spectrum       Staring Spells

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Clinical Information

Length of study:               24 Hour               48 Hour               72 Hour

*\*All EEG studies will be done with continuous video recording, unless otherwise noted.*

Ordering Physician: \_\_\_\_\_ Signature \_\_\_\_\_