



Brain Science Technologies
4482 Barranca Pkwy #240
Irvine, CA 92604
Appointment Line: (949) 312-1779 | Fax: (949) 333-5086

Referral Form

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

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 _____